PLACE OF DEATH	STATE OF MARYLAND
County Mashing Fin	CERTIFICATE OF DEATH
- magain	3071
- Lander St	Registration Dist. No.
Village or City MMMan(No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR ON HACE SHOELE, MARRIED,	16 DATE OF BEATH
male While (White the word)	(Month) (Day) (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I stended the deceased from
3. 11 186	1 Dec 25, 1932 to Dec 30 ,182
(Month) (Day) (Year)	that I last saw here alive on Dec 28, 1982
AGE [IfLESS tha	
7 2 19 19 day hr	The CAUSE OF DEATH * was as follows:
yrs. mos, ds. or min.	A PARIS
(a) Trade, profession or Loy Mark	Migha Vecens
(b) General nature of industry	
business, or establishment in which employed or (employer)	Jas Mouration) yrs, mos de
BIRTHPLACE 1 1 1	Contributory Cohenne My conthe.
(State or country) Million of as	Secondary 10
10 NAME OF C	(Duration) yrs mos ds
FATHER Poseph albridge	(Signed) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OF FATHER	*State the Disease Causing Death or In deaths from
(State or country) don't Mo	*State the Disease Causing Deoth, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER WOOM M. Patt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs tass
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ma allaight.	Former or
(Informant)	19 PLACE OF DURIAL OR REMOVAL DATE OF BURIAL
(Address) Hundalywa Mg	Millon, Cal 143643
5 12-31- 72 /24stt/32.00	20 UNDERTAKER ADDRESS
Filed / 1929 2 () May Registrar	L.F. Melcher Funkstin
If more branks are needed, address State Registra	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	Çua

(Approved by U. S. Census and American Public Health Association.)

work, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Furm laborer, Laborer—con mine, etc. woun-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Furm laborer, Laborer-Coal mine, etc. Womthat fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospipal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

HREAU

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcona, etc., of, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sincide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease (secondar/ Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13612
1. PLACE OF DEATH /	(31)
County Washingtons	Registration Dist. No. 302
Village or City 26 egzhotown	No. 6 73 Perus arg & Ward
Length of residence in city or town where death occurred 30yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME aunal also	W
(a) Residence: No. 6 73 Peurus ava (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) 5a. If married, widowed, or divorced The state of the word)	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Frank P. alsip	1 HEREBY CERTIFY, That I attended deceased from 20, 1932, to December 2, 1932
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on 10 2 2 1, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at. 4.2.
74 0 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the company of the compa	arteno Sclema
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Smithburg	Other Contributory Causes of importance:
(State or country)	neghoto
13. NAME To the State of the St	Name of operation Date of
(State of Country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CLUM 3169-ler	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) C Cultury (State or country)	Accident, suicide, or homicide? Date of injury, 19
17, INFORMANT For Palsiki	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 643 Permas are	
18. BURIAL, CREMATION, OR REMOVAL Place 1 Colored Date 12 Colored Date 19 3 2	Manner of injury
0/14	Nature of injury
19. UNDERTAKER COLUMN COMPANY (Address)	24. Was disease or injury in any way related to occupation of deceased?
12-29 30 Blee Homeson	(Signed) Horry Dueller M. D.
20. FILED Registrar.	(Address) As gradom hel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1 BAN 5 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago 3 days ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	
Other contributory causes of importance: Gallstones		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

		1		
1	12	C	1	3
- 5	()	V	À	U

1. PLACE OF DEATH		Tro	-	
County Was	hington Luire	Registration Dist. No. 36	2	
Village or City Hagerst	town	NoWashington County Hospital	3 Ward	
Length of residence in city or town where de		If death occurred in a hospital or institution, give its NAME instead of street and not seemed. How long in U.S. if of foreign birth?yrsmost		
2. FULL NAME Major I	Bailey	11/1-0/-3	A	
(a) Residence: No. Mager	(Usual place of abode)	St., Sward. If nonresident give city or town and S	Stale	
PERSONAL AND STATISTIC	CAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male Colored	5. SINGLE, MARRIED, WIDOWED, OK DIYORCED (write the word)	21. DATE OF DEATH December 23, (Month) (Day)	1932.•	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended d	eceased from	
1//	11 Puran	I last saw h as alive on Qsc s 2 3 ,1932	, 19	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5:30 P.m.	, death is said	
38	1 day,hrs.			
8. Trade, profession, or particular	1 16 -	Date of onset		
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	annos			
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Lobon neurous		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) / C	a	Dther Coutributory Causes of importance:		
(State or country)		Jullien		
I 13. NAME MAKE	uum			
13. NAME 14. BIRTHPLACE (city or town)		Name of operation Data of		
(State of country)	11,	What test confirmed diagnosis? Was there an au	ı'opsy?	
15. MAIDEN NAME	Mun	23. If death was due to external causes (VIDL ENCE) fill in also the following:	139 1112	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	when	Accident, suicide, or homicide? Date of injury	, 19	
(Stata or country)	1	Whera did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	nui.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.	
18. BURIAL, CREMATION, OR REMOVAL	Date Mell 1982	Manner of injury		
19. UNDERTAKER Fred W. Krai	SS.	24. Was disease or injury in any way-related to occupation of deceased?		
(Address) Hagerstown.		If so, specify		
20. FILED /2-26- 1932-67	est bours	(Signed) U. The Control of the Contr	M. D.	
	Registrar.	(Address)	5	

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gostroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS BY PHY	SICIAN
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DrBB. Kneisley.

BINDING

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsi S A AVELLA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 8 NV	3 days ago
		CSASSE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting N. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago 3 days ago	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car Peritonitis		
Cerebral hemorrhage	July 5,1927			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	1	600

1	. PLACE O	F DEA	ТН			(93°C)	704.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		hington. Hagersto	NEED BATH	A CH	Registration Dist. No. 36 No. 352 Liberty St., 4 f death occurred in a horpital or institution, give its NAME instead of street and n	/ Ward
	Length of resi	dence in o	city or town where d	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2	. FULL NA	ME	Dav	id Bet	ts.		
	(a) Residen	ce: No.	35	2 Libe: (Usualplace		St., H Ward. If nonresident give city or town and the state of the st	State
	PERSON	IAL AN	ND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Female		White.	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word) Wed.	21. DATE OF DEATH Dec 4 (Month) (Day)	193 32 (Year)
5a.	If married, widow	et, or div	ig Betts			(month) (bay)	(Tear)
	(or) WIFE of	Ly u.	TO THE OUR			22. 1 HEREBY CERTIFY That I attended of	leceasad from
			Typ	no 91	1054	I last saw here alive on Dee, to Help 4, 1932	, 19.2.
	AGE Yea		ay, and year) Ju	Days	If LESS than	to have occurred on the date stated above, at 7 A m.	; death is said
	78 5 13 1 day,hrs.					The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
N.	8. Trade, profession, or particular kind of work done, as SPINNER, Retired farmer. SAWYER, BOOKKEPPER, etc				forman	*	
ATIO					raimer.		
UP/						Throne Myscardosis	
000					ant in this	6	
12.					tv. Md.	Other Contributory Causes of importance:	
ER	13, NAME		ohn Bett				
FATHER	14. BIRTHPLACE	(city or t	Washing	ton Co	unty, Md.	Name of operation Date of	5/
						What test confirmed diagnosis? Was there an ac	
O 16. BIRTHPLACE (city or town)					ounty. Md	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
17.	17. Informant George Betts. (Address) Bridgeport, Md.				O OLITO, Y MICE	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA) CE.
18.	BURIAL, CREMAT	ION, OR			c 7 , 32	Manner of injury	
	riace					Nature of injury	- 14
19.	UNDERTAKER (Address)		red W. K Hagersto		***************************************	24. Was disease or injury in any way related to occupation of deceased?	No
20	FILED 127	6-	1932-61	hosto	30wers	(Signed) Natell	/- M. D.
1					Registrar.	(Address) Has enstown !	no.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	200
in,	infor- state UPA-	1. PLACE OF DEATH	93:0	0
(N)	of infor	county Washington	Registration Dist. No. 302	
1	should of OCC	Village or City ITT augunsville	No. St., V N	Var
	0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	d
	CORD. Every PHYSICIANS oct statement	2. FULL NAME = 1: 2abeth Frelyn	Dinkley	
	D. J SIC tate		d.St. Ward.	
	OR HY t s	(Usual place of abode)	If nonresident give city or town and State	
	RECORD. PHYSI Exact stat	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
•	Y. Y.	OR DIVORCED (write the word)	Dec 31	-
5N	T I lied.	5a. If married, widowed or divorced	(Month) (Day) (Year)
DII	RMANEN X A C T I classified	HUSBAND of (or) WIFE of Daniel F.	22. I HEREBY CERTIFY. That I attended deceased	fro
BINDI	point	6. DATE OF BIRTH (month, day, and year) \$\frac{15-1862}{}	I last saw h alive on Acc 19 1932 death is	21
M	PE d E	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.53 m.	Sai
OR	IS A PE stated E properly certificate	70 16 16, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
F	70	8. Trade, profession, or particular kind of work done, as SPINNER, A SAWYER BOOKKEPPER etc.	Date of o	П30
回	THIS I be y be k of	SAWYER, BOOKKEEPER, etc.	ormany Stephoses Oct ?	
RV	VK—T should it may n back	9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	193	2
RESERVED	F4 6			
RE	AGE I that ons ons	year) 11(x - 14 2 4, occupation 304YS.	Other Contributory Canses of importance:	
Z	So	12. BIRTHPLACE (city or town) TGQQ (x \$ Your) (State or country)	4	5-:
3G]	UNFAI ppplied. terms, instru		Chroni hyvealthis 19:	5/
MARGIN	D = 2 "	13. NAME 13aniel Downin 14. BIRTHPLACE (city or town). Hay eye SYOwn	Neme of operation Assection Date of	1
A	TO	(State or country)	What test confirmed diagnosis? Was there an autopsy?	to
	carefully carefully [H in pla ortant.	# 15. MAIDEN NAME Caitrevine Bridges.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	AINLY, Wild be careful DEATH in 18 important.	15. MAIDEN NAME Catherine Bridges, 16. BIRTHPLACE (city or town) tagers town, ITA	Accident, suicide, or homicide? Dete of injury, 19	
	INE be SAT	(State or country)	Where did injury occur? (Specify city or town, county and State)	
	400 1	17. INFORMANT LANGE H D. MKREY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
7	E PLA should OF DI	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
1)	WRITE ration s AUSE TON is	Place Hay CVS Youn My Date lac 25, 1932	Nature of Injury	
-	-WRITE PL mation shoul CAUSE OF I	19. UNDERTAKER A.K. COXYMON	24. Was disease or injury in any way related to occupation of deceased? No	
No.	. E O E	(Address) Hagerstown, ITA	il so, specify	
, N	ż	20. FILED Lec 33, 1932 Jange H. Brustater	(Signed)	M. I
x 1	Treisli	As a State Registrar.	(Address) Jugars Tohn Ward	
4	, , , , , , , , , , , , , , , , , , , ,	distribution of the state of th	-y Called Oriety, Danimore, Acqueining O. J. 110. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car. 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

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E	xample I		Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	JAN 3 P 3	1921	Run over by street car	1 week ago	
Cercbral hemorrhage		July 5,1927	Pcritonitis	3 days ago	
	SURLANU V.	3.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH of infor-OCCUPA-1. PLACE OF DEATH Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How iong in U.S. if of foreign birth? ______yrs. _____mos. ____ds. Length of residence in city or town where death occurred RECORD. Every statement If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) inal 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) III G y ch certificate. If LESS than 7. AGE Months 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ RESERVED may Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... 1Q. Date deceased last worked at 11. Total time (years) spent in this 0445 this occupation (month and year) that instructions (State or country) FATHER See 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?_ Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in DEATH 16. BIRTHPLACE (city or town) (State or country) should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN OF] (Address) 18. BURIAL, CREMATION, OR REMON Manner of injury CAUSE mation TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify_ Registrar. (Address) D. HO. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 8 A AVAHAR	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1 EEGI C NAC	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		STATE C	OF MAR'	YLAND-	CERTIFICATE OF DEATH	3620
	1. PLACE OF				93-0	>
	7	Weshington		•	Registration Dist. No.30	~
	Village or Ci	ty Near Hal	Liway		No. Bower ave st.	Ward
	Length of resid	lence in city or town where	death occurred1_		death occurred in a hospital or institution, give its NAME instead of street and n	
	2. FULL NAM		_	th Bower	, , , , , , , , , , , , , , , , , , ,	3
	(a) Residence	3.0	me		St. Ward.	
gradin	(a) Residence	. 110.	(Usual place	of abode)	If nonresident give city or town and	State
		AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	female	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, D. (write the word) 1 ed	21. DATE OF DEATH Dec 14, 1932 (Month) (Day)	, 193 (Year)
5a.	. If married, widowe HUSBAND of (or) WIFE of	d, or divorced William	H Bower		22. I HEREBY CERTIFY, That I attended of	leceased from
	DATE OF BIRTH /	month day and ware	1.1. 17	3056	19, 1932, to Dec 14 1 last saw h. alive on Dec 14, 19.32	
1000	AGE Year		Pab • 13	1856	to have occurred on the date stated above, at	; death is said
	76	10	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profess	sion, or particular		1 01	Hyhertension	Date of enset
TIO	SAWYER,	ork done, as SPINNER, BODKKEEPER, etc	none		myscarolitis	2
OCCUPATION	3 Industry or b work was SAW MILL	usiness in which done, as SILK MILL,HOU ., BANK, etc	sework	ot home	Hemlplegia it	12/10/3
Ö	10. Date deceased this occupance year)	ation (month and 7 9 28	11. Total tip span	me (years) tin this life pation		
12.	BIRTHPLACE (city (State or count	r or town)	-Boonebo	roKd	Other Contributory Causes of Importance: Bronchofulumoria	12/12/3
ER	13. NAME	eorge Smith)			~~~~~~
FATHER		(city or town) Mary			Name of operation Date of	
ER	15. MAIDEN NAM	E Anna Pal	mor		What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE ((city or town) Myers		v.d	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
17.		illiom H. B	Nd		Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
18.	BURIAL, CREMATIO		21100		Manner of injury	
	Place_Man	or-Cem-Md	Date Dec	1-6,19.32	Nature of injury	
19.	UNDERTAKER	Albert Le	f	Md	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED / 2 -/	5-132-66	Easth De	relact	(Signed) A. A. Porterfield	M. D.
				Registrar.	(Address) 136 W Washing	and lit

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago	
Arteriosclerosis		1915	Attack of epilepsy		
Chronic interstitial neph	ritis JAN J 1933	1921	Run over by street car	1 week ago	
Cerebral hemorrhuge	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48 /
County Washington	Registration Dist. No. 302
Village or City Hageistown	No. 840 Maryland and 2 Ward
	death occurred in a hospital or institution, give its NAME instead of atreet and number) ds. How long in U.S. if of foreign birth?yrsmos,ds,
2. FULL NAME Katherine, M. Bowe	
24 700	vest. 2 Ward.
(a) Residence: No. 84D Many Can A (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Orm H. Brune	22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to 25, 7, 1332
6. DATE OF BIRTH (month, day, and year) March 27, 1900 7. AGE Years Months Days If LESS than I day,	to have occurred on the data stated above, at 45 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, Lance wife SAWYER, BOOKKEEPER, etc.	Date of onset Company Compan
year) 9.3.2 occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Hagers Lown (State or country) md 13. NAME Graham Greta	Genel metro loses
13. NAME Graham Soction 14. BIRTHPLACE (city or town) Sciencestle (State or country)	Name of operation for the second of the seco
15. MAIDEN NAME Laura Winsov 16. BIRTHPLACE (city or town) Richmond (Stata or country)	23. If death was due to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?, 19
17. INFORMANT William H. Bowers (Address) Hageistown Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR ROMOVAL Place Hagerstown Md Date Dec 10 , 1932	Manner of injury
19. UNDERTAKER Scott 7. Minnich & Son (Address) Hagerstoury md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / L B , 1932 / Many or medical address Sales Projection	(Signed Level Color M. D. (Address) Itage Bun Lad.

Di Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

V. S. No. 1

ż

BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
f in	s p	COL	
m o	houl	00	
ite	20	of.	
rery	AN	nent	
D. E	SIC	ater	
ORI	HX	t st	
REC	Д	Sxac	
Y.F.	LY.	Ϊ.	
NE	E	ified	
MA	V	lass	
ER	EX	yc	te.
AF	ted	perl	ifica
IS	sta	pro	cert
HIS	pe	be	of
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VFA	plied	rms,	nstr
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TE	s uc	SE	Z is
WR	natic	TY	TION is very important. See instructions on back of certificate.
B.	H	0	E-d

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County Washington	Registration Dist. No. 3 0 2
Village or City Manganserle	ND. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
6. 11 A. A	esle
	Losles Harul
(a) Residence: No. Meurouite of M. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
09 1861	I last saw have alive on /2 - 4 - 19 death is said
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
11 1/3 2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Broads Primario 1/32
work was done, as SILK MILL, SAW MILL, BANK, etc	
O Date deceased last worked at this occupation (month and year) occupation	Johnny de Juffer
400 LO C. +	Other Coutributery Causes of Importance:
12. BIRTHPLACE (city or town). PA. (State or country)	Chr. My oursh to
14. BIRTHPLACE (city or town) / Lucus (State or country)	Neme of operation Date of
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Personal (State or country)	Accident, suicide, or homicide?
17. INFORMANT Harry Hunsacker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Chambersburg Pg. 18. BURIAL, CREMATION, OR REMOVAL	
Place Merronita Cam. Ch Date Dec 7 , 19 32	Manner of Injury
19. UNDERTAKER J. A. Sollars & Sous. (Address) C.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED /2-5-132 6 Roof Bowers	(Signed) CN Duby . M. D
Registrar.	(Address) Hepuston and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAV 5 1955	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURMAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?_. Length of residence in city or town where death occurred RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 国 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, a 8 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trada, profession, or particular Dec 10, 193 OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..____ may back plnods on Do Date deceased last worked at 11. Total tima (years) this occupation (month and spant in this that occupation _ instructions 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 14. BIRTHPLACE (city or town) plain (Stata or country) carefully What test confirmed diagnosis? Was thera an autopsy?_ MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury_____ DEATH 16. BIRTHPLACE (city or town)_. (State or country) Whera did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addiess) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Aquesting V. S. No. 1.

MARGIN RESERVED

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 13624
1. PLACE OF DEATH	211)
County Washington	Registration Dist. No. 302
4/ SPININGSORPETTELIMITE OF	Line (43 7 BO in this No.
Village or City And Geralown	No. 4/1 St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME David 7. Carl	
11. 21 27 00	
(a) Residence: No. 7/2 West Turnblu (Usuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
My le OR DIVORCED (write the word)	Dec 24,193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Grana S. Call.	may 4, 1931, to Dec 24, 1932
6. DATE OF BIRTH (month, day, and year) april 23, 1866	I last saw hall aliva on Ale 24., 1922, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. Am.
66 8 / 1 day,hrs.	the talk the case of DEATH end leaded causes of importance
2 Trade profession or particular	Cosebro Shing Supplies Date of onset
o kind of work done, as SPINNER, Reluced	arterio relevados mot
A Industry or business in which	Che my regardition Burn
work was dona, as SILK MILL, SAW MILL, BANK, etc	Clar. Behallischers
O 10. Oate daceased last worked at this occupation (month and year)	
7	Other Courributory Causes of Importance:
12. BIRTHPLACE (city or town) January (State or country)	Cente mystardeal Tarluse
13. NAME Un harron	Sujaraceu
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
4 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Oata of Oata
	What test confirmed diagnosis? 2.2. Was there an autopsy? 2.2.
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis anna S. Carl	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Aagerstown Md	
18. BURIAL, CREMATION, OR REMOVAL OF PO	Manner of injury
Place Brown mill Parata Dec 27, 1932	Natura of injury
19. UNDERTAKER Scott 7 Minnich ASO	24. Was disease or injury in any way related to occupation of deceasad?
(Address) Ha gerstown Md.	If so, specify
20. FILEO /2-24-132 Chart Bowers	(Signed) . H. Burkley M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regusting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No	St.: Ward) a (If d-ath occurred In a hospital or institu-
2FULL NAME	tion, give its NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male alute Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Scenber 22, 1922. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That 1 attended the deceased from
Jeo 22, 1932	192, to, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	MIN Bon
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country) millipling many	Secondary (Durstion) yis mos de.
10 NAME OF FATHER COLLET Pull	(Signed) M. D.
Il BIRTHPLACE OF FATHER (State or country) Hagenstown Mg	*Stato the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Laure Chancel	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Revusvelle Min	At place of desthyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
Miss Savine Chances	Former or usual res.dence
(Address) Smithabing Mid 14	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dec 22, 1832
15 Filed Dec. 22 197 How Legistra	Richard Chances Contlictung and
If more b.anks are needed, addre.s Ltate Kegistran	, 16 W. Saratoga St., Balto., Lequisling V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important to that the relative health-fulness of various pursuits wan be known. The question applies to each and every person, irrespective ci fulness of varous pursuit Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neccsthe first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without more province and minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhiheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1. PLACE OF DEATH		(80)	_
County Massyngh	Pu	Registration Dist. No. 80	3
Village or City & Lease for	sing.	NoSt.,	Ward
Length of residence in city or town where death	//	death occurred in a hospital or institution, give its NAME instead of street and to death occurred. ds. How long in U.S. if of foreign birth?	
W.10.	90 1 6	L- 11	/3
2. FULL NAME? Ulliam	convara (1)		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Colored	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 16 (Month) (Day)	, 193 -2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AND A A.	Chase	1 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)		I last saw harman alive on Sce. 15 7 1937	; death is said
7. AGE Months Months	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 255 7, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Barber	Chronic Brighte	1929
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and Garage)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	gland	Other Contributory Causes of importance:	-
13. NAME	war		
H 13. NAME 14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an a	autopsy?
15. MAIDEN NAME		23. If death was due to external causes (VIOL ENCE) fill In also the following	:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT CALLES (Address) 17. Address)	Last and	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	A with	Manner of injury	
Place Clareformy Cla	ate See /77,19 3	Nature of injury	
19. UNDERTAKER Richard A. C. (Address)	Eurad	24. Was disease or injury in any way related to occupation of deceased?	600
20. FILED Des (-8, 19-3)	S. Munay Registral	(Signed) Matheway (Service) (Address) La Carefuling	y M.D
If more blan.	s are needed, addres State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDIN

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Example	1	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis Cerebral hemorrhage BURE	1931	Run over by street car	1 week ago		
Cerebral hemorrhage BU N.	July5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

state A PERMANENT RECORD. Every item of infor-OCCUPA-1. PLACE OF DEATH plnods Village or City Jo PHYSICIANS Length of residence in city of town where deeth occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE FOR BINDING classified. 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of K certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days stated IS 8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.____ THIS. OCCUPATION MARGIN RESERVED jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... See instructions on back it may pluods INK 10. Date deceased last worked at 11. Total time (years)
spant in this this occupation (month end AGE that occupation UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) WITH (State or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME -WRITE-PLAINLY, CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address 18. BURIAL, CREMATION, OR REMOVAL S Plece_ LI TION 19. UNDERTAKER V. S. No. 1 (Address) 20 ż

TE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEATH	13	628
, , , , ,		141/ /1 / 1	71110	CEITII		O!	DEAIL	7 01	43 . 6

93-0	,
Registration Dist. No.	
NoSt,, death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs,m	
R	
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	Olate
21. DATE OF DEATH	
12- 17	, 198.2
(Month) (Day)	(Year)
22. I HEREBY CERTIFY, That I ettended	
Dec 2 , 1932, to Dec 17	
I lest saw h alive on	; death is said
to have occurred on the date stated above, atm.	
The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
Bronchiafastlina	12/1/32
myorarditis chy	7
Hypertension	2
	-
Other Coutributory Causes of importance: acute delitation Heart	
acute ordilation from	
	-
Name of operation	
What test confirmed diagnosis? Was there an i	
23. If death was due to external causes (VIOLENCE) fill in elso the following	•
Accident, suicide, or homicide? Date of injury	, 19
Where dis injury occur? (Specify city or town, county and Sta	(e)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Manner of injury	
41.4	
	Zua
24. Was disease or Injury In any wey related to occupation of deceased?	
(Signed) A. Rorterfield	
(Address) 186 www.da.	M. D.
(1001(622)	1.14

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. 1932

Registrar.

If LESS than

1 day, ____hrs.

or____min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURSAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA-1. PLACE OF DEATH jo should Registration Dist. No. PERMANENT RECORD. Every PHYSICIANS Length of residence in city or town whate How long in U.S. If of foreign birth?_____yrs.____mos.____ds. statement (sual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 12 (Month) (Day) 5a. If marriad, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from M 6. DATE OF BIRTH (month, day, end year) certificate. properly 7. AGE Months If LESS than to have occurred on the date steted above, et 1 day ... The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. back may 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. no 10. Date deceesed last worked at 11. Total time (years)
spent in this this occupation (month and so that instructions occupetion UNFADING 12. BIRTHPLACE (city or town) (Stete or country) terms, FATHER 13, NAME 14. BIRTHPLACE (city or town in plain (Stete or country) carefully What tast confirmed diagnosis? Wes there an eulopsy?_ MOTHER important. 15. MAIDEN NAME 23. If deeth was due to externel causas (VIOLENCE) fill in also the following OF DEATH 16. BIRTHPLACE (city or town (Stete or country) should be Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE (Address) 18. BURIAL, CREMATION, DR REMOVAL WRITE CAUSE mation LION Nature of Injury 24. Was diseese or injury In any way related to occupetion of deceased? If so, specify (Signed) Registrar. (Address)

BINDIN

FOR

MARGIN RESERVED

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Cerebral hemorrhage	1033	July 5,1927	Peritonitis	3 days ago
	LER A			
	T. V.			
Other contributory causes	of importance:	The same of the sa	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
TYDYYTYOTIVAL	DITTO	TOIL	T. OILLIAMIE	DIMILIMIN	17 1	TITIONOMY	7.4

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13631
1. PLACE OF DEATH	940
County Washington.	Registration Dist. No. 302
Village or City Hagustown	No. 311 Walley Road, St., 4 Ward
Length of residence in city or town where death occurred /yrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Theodore andiffe	ndal.
(a) Residence: No. 311 Valley Road	St. 4 Ward.
(Unual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH /2 // (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Aug 1 - 1555	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8.05 pm.
74 4 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Machinist - SAWYER, BDOKKEEPER, etc.	auquia Cectoris? Date of onset
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and loss occupation (month and loss occupation this	
year) occupation 40,	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Ununyana, (State or country)	
13. NAME Samule Sliffondal.	
14. BIRTHPLACE (city or town) Maryland, (State or country)	Name of operation Date of Date of
15. MAIDEN NAME / Margaret C. Haush.	What test confirmed diagnosis? Was there an autopsy? Wo
16. BIRTHPLACE (city or town) Maryland.	23. If death wes due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) Smithburg, Md.	Specify whether impuly occurred in INDUSTRY, III NUME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Willy Cem. Date Dec. 23, 1934.	Manner of injury
19. UNDERTAKER Highard M. Comad.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) (Clarsping Md., 20, FILED 12-23, 1932 Bharf Bowert.	(Signed) Probert P. Cornad M. D.
Registrar.	(Address)

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	a kelone 1	He had us	physician	I did not see
h	in alive	From the	Thistory he h	ad origina pactivis

(State or country

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER

BINDIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur?.

Menner of injury

Nature of injury.

If so, specify

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

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N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

13633

1. PLACE OF DEATH	93-6
County Washington	Registration Dist. No. 39 2
Village or City Nobus Gun	No. Believe County Hous) 5 Ward
Village of City And	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. If of foreign birth?ds
2. FULL NAME Sysac & Wor	
2 1 16 171	5
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DAYORCED (write the word)	Debamber 8 1932
male white Vidowers	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Kinknown 10th	Cyfrhy 1 19 3 2 10 Bremby 6 19 32
C DATE OF SIGNI () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I last saw h was alive on A 6 19 3 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years, Months Days If LESS than	to have occurred on the date steted ebove, at 2: 20 A: m.
1 day,hrs.	
about 63 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Thyreachti
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this necuration (mostly and sense).	
this occupation (month and spent in this occupation occupation	
year) occupation	Other Centributary Causes of Importence :
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 4. BIRTHPLACE (city or town) 14. Control or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Date of Injury 19
O 16. BIRTHPLACE (city or town)	
me Mr 1+ MM OI	Where did injury occur? (Specify city or town, county and State)
17. NFORMANT ITU Waller Walf	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Kagustown Ma.	
18. BURIAL, CREMATION, OR BEMOVALIAN LOCAL 10 31	Manner of injury
Place Dupling Day Vice 10, 19 B	Nature of injury
19. UNDERTAKER J. N. Caclales,	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Bolivas W.Vo,	If so, specify
12/49-37 MAIAB	(Signed) France A. Mills, M. D.
	No. (7.)
10. FILED 1477, 1952 Source O Registrar.	(Address) Yahas had

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Example II	
use of death and related causes ere as follows:	Date of onset
	1 week ago
car	1 week ago
	3 days ago
ry causes of importance:	1 year
	ory causes of importance:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3	DEL C MAL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County (1) A four plants of the plants	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13635
Village or City. Toughth September 100 May 100	1. PLACE OF DEATH	
2. FULL NAME (a) Residence: No. (b) Clust place of shock) (c) St. (c) Ward. (d) St. (d) Ward. (d) Ward. (d) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (e) COLOR OR RACE (f) S. SIMCLE MARRIED, WIDOWED (out in married, widowed, or diverced word) (or) birth of the color of the color of the word) 5a. If married, widowed, or diverced word or diversed word or diverced word or diversed word or diversed word or diversed word or word or diversed word or d	Village or City Haguston Md	(Ind. ash. Co. Hashard St., 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (Which the word) Set It married, widowed, or divorced (Worth of the word) File of Corp Virte		
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7. AGE Years Months Deys ITLESS then 1 day,	6. DATE OF BIRTH (month, day, and year) Dec. 24-19.32	I last saw her elive on Bee . 25 , 1932 deeth is said
8. Trade, profession or particular hind of work done as SPINNER, SWYER BolkekEPER, etc. 9. Industry or business in which mill. SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month end year) 11. Total time (years) 12. BIRTHPLACE (city or town). (State or country) Uach Co. Md. 14. BIRTHPLACE (city or town). (State or country) Thank, Co. Md. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) Wash Co. Md. 17. INFORMANT A and S. Casterday 17. INFORMANT A and S. Casterday 18. BURIAL (REMATION, OR REMOVAL Place. 19. Date deceased? 18. BURIAL (REMATION, OR REMOVAL Place. 19. Date A Co. Md. 19. UNDERTAKER 19. Date of onset 11. Total time (years) Spent in this occupation Other Centributory Causes of importance: Other Centrib	2000 1100	
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f5. MAIDEN NAME f6. BIRTHPLACE (city or town) (Stete or country) f7. INFORMANT & avid 5. Casterday (Address) F8. BURIAL, CREMATION, OR REMOVAL Place Bornstone Date Dec. 26., 19.32 Manner of injury Manner of injury Nature of injury 14. Was disease or injury in any wey related to occuration of deceased? (Signed) M. D. Registrar. (Address) M. D. Registrar. (Address) Manner of M	(State or country) Thash, Co. Md.	
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20. FILED / 2-26-, 19:32 Charles Sources (Signed) (Signed) M. D. Registrat. (Address) SourceS.	Place / 20 ms low Date Dec. 26., 1932	
20. FILED / 2-26-, 19.32 Charthe Sources (Signed) A. W. Willey M. D. Registrat. (Address) Boundbow.		
	20, FILED / 2-26-19,32 Chast Sources	(Signed) . W. Willey M. D.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

supplied.

mation should be carefully

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

1. PLACE OF DEATH	(ID)	
county Washington	Registration Dist. No. 30	Z
Village or City Manganerulle	No. St., 4	Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and nosds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME Mary R Ely		
22 1 16	St., Ward.	
(a) Residence: No. // auganamula (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write HD word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oay)	, 193 2 (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, end year) Sent 19-187	7 Hest saw here alive on See 29 , 1900	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.32 m.	
55 3 10 1 day,hr	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER,		Date of onset
SAWYER, BOOKKEEPER, etc.	aldoning Jamos	1920
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
O No. Oate deceased last worked et 11. Total time (years)	Josephy a certification	
o this occupation (month and spant in this occupation	Carcinoma of the retories to years.	
12. BIRTHPLACE (city or town) Near Cearfoas	Other Contributory Causes of Importance:	
(State or country)		
I 13. NAME Elam H Eby		
13. NAME Elan Heby 14. BIRTHPLACE (city or town) Sanschester	Name of operation Oete of	
(State of country)	What test confirmed diagnosis? Was there an a	u¹opsy?
15. MAIOEN NAME Eliebeth Reiff	23. If death was due to external causes (VIOL ENCE) fill in elso the following	:
15. MAIOEN NAME Elyebeth Reeff 16. BIRTHPLACE (city or town) Mour /tagels tole	Accident, sulcide, or homicide? Date of injury	, 19
S (State or country) Md.	Where did injury occur?	
17. INFORMANT MA. S. R. Eby (Address)	(Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Reiff Church Date Jan 1 , 193	Nature of injury	
19. UNDERTAKER Scott & Minnich & Son	24. Was disease or injury in eny wey related to occupation of deceased?	m
(Address) Augerstown, Md.	If so, specify	
20 FUED/2-31- 132 6 Kalt Bowers	(Signed)	M. D.
Registrar.	(Address) A fundamental May	

If more blanks are needed, address State Registrar, 2421 N Charles Street, Baltimore/Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of de of importance were as fol		Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN 3 1553	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN C 2001	July 5,1927	Peritonitis	3 days ago
	BURSAUVE			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ISICIAL	PHYSICIAN
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N. B.

TION is very important. See instructions on back of certificate.

\$45	
1	7
13639	

1. PLACE OF DEATH			9		13639	
County	Washingtor	1			Registration Dist. No.	02,
Village or City_	Village or City Hagerstown			No. 5 Avalor	n Avenue	St. Ward
	e in city or town where d			death occurred in a horpital or inst	litution, give its NAME instead of stre	
The state of the s					f of foreign birth?yrs	mosas.
2. FULL NAME		iam J. F		1-8/		
(a) Residence:	No. 5 Ava.]	(Usual place of	ue	St., Ward.	If nonresident give city or to	wn and State
PERSONAL	AND STATISTI			MEDICAL	CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE Nale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married			21. DATE OF DEATH	December 9, (Day)	, 1932 e	
5a. If married, widowed, of HUSBAND of (or) WIFE of	Sarah E	Fleece			BY CERTIFY, That I et	
6. DATE OF BIRTH (mon	th, day, and yeer) Ma	arch 8,	1865	I last saw h elive on		9; death is said
7. AGE Years 6 7	Months 9	Days 1	If LESS than 1 day,hrs, ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE were as follows:	ated above, at 9.1.30 Pm. ATH and related causes of important	Ce Date of onset
9. Industry or busing work wes don SAW MILL, B 10. Date deceased lathis occupation year) 12. BIRTHPLACE (city or (State or country)	n (month and	11. Total tin 11. Total tin span occu cy Count	me (yeers) It in this pation	Dther Contributory Causes of in	ng v Cardela	
13. NAME W1	y or town) Berk]	Ley Coun	ty		Da	
15. MAIDEN NAME	Mary Ambi				causes (VIDLENCE) fill in also the f	
15. MAIDEN NAME Mary Ambrose, 16. BIRTHPLACE (city or town) Berkley Springs, (State or country) W. Va.				Date of injury	, 19	
17. INFDRMANT Mrs. Sarah E. Fleece, (Address) Hager stown, Md.			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMDVAL PlaceBerkley Spgs W Vize Dec 13, 19.32			Manner of injury			
	red W. Kra agerstown		rvero	24. Was disease or injury in eny If so, specify (Signed)	way related to occupation of decease	sed?M. D
		-	Registrar.	(Address)	10 agentous	>

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I VEE		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Allack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			100

0	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
	was a alled in after the Mans cleat
> n	ener pan tim aline

BINDING

FOR

MARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	N 5 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis!	MH14 9 1200	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BURNAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

S. No.

TION is CAUSE mation

18. BURIAL CREMATION, OR

FOR BINDING

RESERVED

Registrar. If more blanks are needed, address State Registrar, 24x p.N. Charles Street, Baltimore, Ranges DeBender

Manner of injury

If so, specify (Signed)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 5 1933	July 5,1927	Peritonitis	3 days ago	
RUREAU V.S.				
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			124/2014	

V. S. No. 1

	1PLACE OF DEATH	
	County Washington	82-C
Vil	llage or City Helfwey (No. 110	Freenmount
	2FULL NAME Emily Hester Fristo	***************************************
-	PERSONAL AND STATISTICAL PARTICULARS	MEI
-	emele White Single Whose White Whowen Single OR DIVORCED (Write the word)	16 DATE OF DEA
6 [DATE OF BIRTH	17 I HER
	Sept , . 9 , 1877 , 1 (Year)	that I last saw h
7 4	55 3 9	and that death of the CAUSE OF D
2 m	a) Trade, profession of none particular kind of work none b) General nature of industry pusiness, or establishment in which employed or (employer) sirthplace (State or country) Bentonville V9	pliomyelitis Contributory
	10 NAME OF FATHER J.B.Fristo	(Signed)
RENTS	OF FATHER Bentonville Va (State or country)	*State the Violent Causes Accidental, Suice
PARI	of Mother Mory E. Hoffman	18 LENGTH OF
	13 BIRTHPLACE OF MOTHER Bentonville Va (State or Country)	At place of death yrs
14	(Informant) Mr H.K. Ludwig	if not at place of Former or usual residence
	(Address) Hagerstown Md R. F. D.	Front Ro
15	Filed /2-/8- 1932 6 Kast Bowers Registrar	20 UNDERTAKES Albert Le

4-1 h. F.			13642
STATE OF	N	IAR	YLAND
CERTIFICAT	E	OF	DEATH

Registration Dist. No.

NAME Emily	(No	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
white	SINGLE, MARRIED, SINGLE WIDOWED, SINGLE DR DIVORCED Write the word)	16 DATE OF DEATH Dec · 18, 1	
Sept , 9 , 18	, L	17 I HEREBY CERTIFY, That I att	ended the deceased from, 192,
3	(Day) (Year) If LESS than day hrs. day hrs. day min.	and that death occurred on the date stated	
re of industry blishment in or (employer)		Contributory Cullering Polys	
·B.Fristo	e Va	(Signed) Jan Grand	ou M.D.
Benton		*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
Mory E. Rentony untry)	Hoffman Ville Va	18 LENGTH OF RESIDENCE (For Hospitients or Recent Residents) At place In the of death yrs mos ds.	tals, Institutions, Trans-
TRUE TO THE BEST OF		Where was disease contracted, if not at place of death?	
Hagerston	Md R. F. D. Afflowers Registrar	Front Royal Va 20 UNDERTAKER Albert Leaf Williamspo	Dec. 20 19 32. Address Tt Md
If more branks are nee	ded, address State Registras	r, 16 W. Saratoga St., Balto., Requesting V. S	S. No. 1.

REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speumeauce. In laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Forcman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the pister EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Saccident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature of the Recommendations on statement of cause of death teganus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH	13643
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1	PLACE OF DEATH	(82-6)
	County Washington.	Registration Dist, No. 30Z
		No. 312 No. Prospect St., 9 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred 40yrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME Anna R. Funk.	
	(a) Residence: No. 312 N. Prospect	St., 5 Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5	EEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
]	Female White Wildward (write the word)	Dec 26 , 193 32 (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Waldow of Clarence Funk	22. I HEREBY CERTIFY, That I alkended deceased from
	DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hr	word as follows:
NOI	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work.	erebrol Entrolus Date of ones.
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	2.3
000	10. Date deceased last worked at this occupation (month and year) bear) to coupation	
12.	BIRTHPLACE (city or town) Sheperdstown. (State or country) W. Va.	Other Contributory Causes of importance:
ER	13. NAME Henry Pulse.	
FATHER	14. BIRTHPLACE (city or town) W Va •	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME Catherine Pulse.	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) W. Va. •	Accident, suicide, or homicide? Date of injury, 19
17.	INFORMANT Fannie Pulse. (Address) Sharpsburg, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL W. Va. Dec 28 19 19 19 19 19 19 19 19 19 19 19 19 19	Manner of injury Nature of injury Nature of injury
19.	UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Md.	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED / 2-28-, 13 & North Bource Registrar.	(Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I			Example II		
d causes Date o	f onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1 1000 18	915	Attack of epilepsy	1 week ago		
18	921	Run over by street car	1 week ago		
July	5,1927	Peritonitis	3 days ago		
e:		Other contributory causes of importance:			
May	1,1923	Gastroenteritis	1 year		
	5 1933 18 July	Date of onset 1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH /	
County Washington	Registration Dist. No. 302
Village or City & Centrille	No. St. Ward
Length of residence in city or town where death occurred 22 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Margaret 6. 1	Good,
(a) Residence: No. Composition (Usual place of abode)	ESt., Zugar If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
Ja. If married, widowed, or divorcad	(month) (bay) (taat)
(or) WIFE of Walter Food	22. I HEREBY CERTIFY, That f attended deceased from
11/2 11" 1914	Hart son be solve on Ale & 2 1032 doots to cold
7. AGE Years Months Days If LESS than	1 1031 384 11-1-1-1 11 15 301U
1 2 Pays 11 Less than	to have occurred on tha date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wara as follows:
No. Trade, profession, or particular kind of work done, as SPINNER, FOCLORING SAWYER, BOOKKEEPER, etc.	Mal To The Care colympialous
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Mephonestia Tes
SAW MILL, BANK, etc	
spent in this	
year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) O LINDY	mulanaeors
(State or country)	
13. NAME (Valley of town). Wash to	
7 14. BIRTHPLACE (city or town) Wash to	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME (City or town) COOL COOL	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicida, or homicide?, 19, 19, 19, 19, 19, 19, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT CALLET CONTROL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Avadfording Data 7 60, 1932	Nature of injury
19. UNDERTAKER Couseter dons	24. Was disease or injury In any way related to occupation of deceased?
(Address) A as Englower land	If so, specify
20 5450/5-5- 32 Brast Barrock	(Signed) On Stefaniver M.D.
20. FILED/ 2 , as AMY MUSEUS Registrar.	(Address) Ankithslung Mid.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1

TION is very important. See instructions on back of certificate.

IS A PERMANENT RECORD. Every

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
тпэмат V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13645
1. PLACE OF DEATH	
County (as hung tow.	Registration Dist. No. 316
Village or City Tut Bruen	No. St Ward
Length of residence in city or town where death occurred Lyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.9. if of foreign birth?mosds.
2. FULL NAME Clias estrutith	
(a) Residence: No. Nu. Brief	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OF RACE S. SINCLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Chite Chite	21. DATE OF DEATH 2
5a. H married, widowed, er diversed HUSBAND of (or) WIFE of D	22. I HEREBY CERTIFY, That I attended deceased from
Manzella Trifith	NOV 10 , 1932 , to sleec 29 , 1932
6. DATE OF BIRTH (month, day, and year) June - 20 - 1849	1 last saw h 1 alive on Lec 12 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10 45C _m
00 6 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Circuroclerone, Do not Know
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chronic intestitual Neffertie
abelit ill this	about 3 years from history
year) January 1-1-922 occupation diff.	Other Coutributory Causes of importance:
(State or country) Wash. Co. md.	Old Gal demand Lakera
13. NAME alrang sriffith	uf of bital torces
14. BIRTHPLACE (city or town) No. Record	Name of operation Date of
(State or country)	What test confirmed diagnosis? None Was there an autopsy? No
15. MAIDEN NAME TO Record	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Joseph Sonfith (Address) Fut, Parier wash. Co. Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Int. Some Date Dec. 26, 1932	Nature of injury
19. UNDERTAKER 3. Bast 4 Sou	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDRIC 26, 1832 RA Gesting	(Signed) 4. 9. Verrill M. D.
Kegistrar. If more blanks are needed, address State Registrar, 2	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis JAN 3 1983	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V.S.	31			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13646
1. PLACE OF DEATH	93-0
County Kashington	Registration Dist. No. 302
Village or City Laguatown	No. Beline House & 5 Ward
Length of residence in city or town whare death occurred with the second	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Harry C. Harma	7
(a) Residence: No. 13teline Jone (Usual place of abode)	2 Sty S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marsia	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anhury	22. HEREBY CERTIFY, That I ettended deceased from 23 1932 to the 19 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h See aliva on Asset 26 1922; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9, Industry or business in which	4-4
work was done, as SILK MILL, SAW MILL, BANK, etc.	- wy man ww
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Ankway (State or country)	Other Contributory Causes of importance;
13. NAME 17	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT M. Walter Walf (Address) Wagnes town and	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Selven Date Dec 3 (1932	Manner of injury
9. UNDERTAKER Scott 7: Minnich Son	24. Was disease or Injury in eny way related to occupation of deceased?
20. FILED / 2-3/-, 132 Glaff Theerex	If so, specify (Signed) Fre Muck a. Trull (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Sh 2.)	Nille

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\$AB 5 1933			
Other contributory causes of importance: V. 3.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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ORD. Every item of infor-PHYSICIANS should state supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING mation should be carefu N. B.-WRITE PLAINLY, W

V. S. No. 1

	MARYLAND-	CERTIFICATE OF DEATH &	54
1. PLACE OF DEATH		93-c 136	4
county Washington.	20 A	Registration Dist. No. 30	2
Village or City	rstown.	No. 101 Beung Vista Ave. st	2, W2
	33	f death accurred in a hospital or institution give its NAME in the distance of	1 \
		ds. How long in U.S. if of foreign birth?yrs	nos
2. FULL NAME Herman I			
(a) Residence: No. 101 Beuna	Vista Ave.	St., Z Ward.	
DEDSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICA 3. SEX 4. COLOR OR RACE 5.		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, DR DIXORCED (write the word) Single	21. DATE OF DEATH Dec 14 (Month) (Oay)	., 193.2 (Year)
5a. If married, widowed, or divorced HUSBANO of			(1007)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased fro
6. DATE OF BIRTH (month, day, and year) Dece	m ber 14. 189	0 111 3-	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et = 11 • P.m.	-e, ucath 15 5a
33	00 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade profession or particular	OO ormin.	Chronic Mycarditis	Oate of onse
	Laborer.		-
9. Industry or business in which work was done, as SILK MILL.			
SAW MILL, BANK, etc	1		0
Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		-
	stom.	Other Contributory Causes of importance:	
13. NAME George F.	Harr.		
I	spring.		
14. BIRTHPLACE (city or town) Clear (State or country) Md		Name of operation	~~~~~~~
五 15. MAIOEN NAME Lucy M	. Mc Collister	What test confirmed diagnosis? Was there an	
Clea	rspring.		_
16. BIRTHPLACE (city or town) Clea. (State or country) Md.	Tobi Tite	Accident, suicide, or homicide? Oate of injury	, 19
17. INFORMANT George F. (Address) Hagersto	Harr.	Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ate) .ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Clearspring, Md,	Dec 17 1932.	Nature of Injury	
19. UNOERTAKER Fred W.	Kraiss.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Hagerst		If so, specify	
19-17- 4 5 / 4		(Signed) M. a. Swelon	

Registrar.

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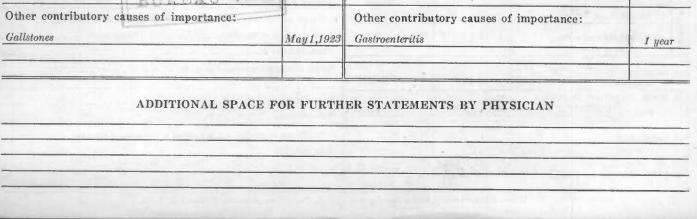
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BUREAU V.S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		MY MAINTENANCE OF THE PARTY OF	





1. PLACE OF DEA

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. ME instead of street and number) ff nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Oay) I HEREBY CERTIFY, That Lattended : death is said Oate of onset What test confirmed diagnosis? ____ Was there an autopsy? ___ (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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So. ŝ

STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist. No....

St:....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH	, 190
(Mont	
	nat I attended deceased fr
Mc 1(19BL, to	rue 18 19B
that I last saw her allve on h	uc 15 1913
and that death occurred on the date st	ated above, at
The CAUSE OF DEATH * was as follow	rs:
Browbo - Prum	owa (Pet side "
(Ouration)	yrs. mos. 6
Contributory negeticas	
Contributory	
(Secondary)	* myocowa
(Secondary)	
(Secondary)	yrs3 mos
(Secondary)	yrs3 mos
(Signed) (Ourgion)	yrs3 mos
(Secondary) (Signed)	yrs3 mos
(Signed) (Ourgion)	yrs. 3 mos
(Signed) (Ouration) (Signed) (Ouration) (Signed) (Address) (Addres	or, In deaths from Violen and (2) whether Acciden
(Signed) (Ouration) (Signed) (Ouration) *State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal. *State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, In deaths from Violen and (2) whether Accidentals. Institutions, Transien
(Signed) (Ouration) (Signed) (Ouration) *State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal. **Blength of Residence (for Hospit or Recent Residents) At place in the state of the	or, In deaths from Violen and (2) whether Accidentals. Institutions, Transien
(Signed) (Ouration) (Signed) (Ouration) *State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal. *Blength of Residence (for Hospit or Recent Residents) At place in to death yrs, mos. ds. State	or, In deaths from Violen and (2) whether Accidentals. Institutions, Transien
(Secondary) (Signed) State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPIT OF RECENT RESIDENTS) At place in to death yrs. mos. ds. State Where was disease contracted,	or, In deaths from Violen and (2) whether Accidentals. Institutions, Transien
(Signed) (Ouration) (Signed) (Ouration) *State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal. *Blength of Residence (for Hospit or Recent Residents) At place in to death yrs, mos. ds. State	or, In deaths from Violen and (2) whether Accidentals. Institutions, Transien
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(Signed) State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. SECRET RESIDENCE FOR HOSPIT OR RECENT RESIDENCE in the of death yrs. mos. ds. State of death yrs. mos. ds. State of death state of death? Former or usual residence	or, in deaths from Violen and (2) whether Accidental Ac
(Signed) State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS) At place of death yrs. mos. ds. State (1) mot at place of death? Former or	or, In deaths from Violen and (2) whether Accidentale yrs, mos.
(Signed) (Ourmon) (Signed) (Ourmon) (Signed) (Signed) (Ourmon) *State the Disease Causing Deader, Causes, state (1) Means of Injury; Tal, Suicidal, of Homicidal. **Becent Residence** in to death yes. mos. ds. State of death yes. mos. ds. State of death yes. mos. ds. State of death? Former or usual residence* **Poace of Burial or Removal	or, in deaths from Violen and (2) whether ACCIDES ALS. INSTITUTIONS, TRANSIEN the attempts of the property of
(Signed) State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. SECRET RESIDENCE FOR HOSPIT OR RECENT RESIDENCE in the of death yrs. mos. ds. State of death yrs. mos. ds. State of death state of death? Former or usual residence	or, In deaths from Violen and (2) whether Accidentale yrs, mos.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. It should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the misease causing death—Name, first, the misease causing death—Name, first, the misease causing death—Name accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc..

injury, as fracture of skull, and cousequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichueetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 (name origin; "Can-State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more both s are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

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ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

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vi

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

S. No. 1

(Address)

Registrar.

193

(Year)

Date of onset

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	INLY, WITH UNFADING INK-	be carefully supplied. AGE shou	EATH in plain terms, so that it ma	immentation Con incharactions on he
	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item o	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	F DEATH in plain terms, so that it may be properly classified. Exact statement of OC	come immediate Con instanctions on heal of confiffeets

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Washington Registration Dist. No. Hagerstown Virginia Ave. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 10 yrs, mos. ds. How long in U. S. If of foreign birth? yrs. mos. Grace Irene Jacobs 2. FULL NAME 1078 Virginia Avenue
(Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) December Female White Married 5a. If married, widowed, or divorced HUSBAND of William H. Jacobs HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Oct. 24. 1881 to have occurred on the date stated above, at 4:30Am 7. AGE Years Months If LESS than Days 1 day,hrs. 50 8 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc D. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ___ Washington County 12. BIRTHPLACE (city or town) ____ (State or country) HER 13, NAME John Sprecher 14. BIRTHPLACE (city or town) Washington County Name of operation. (State or country) What test confirmed diagnosis? Was there an autopsy?____. MOTHER Catherine Zentmyer 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Frederick County Accident, suicide, or homicide?______ Date of injury______19___ (State or country) Where did injury occur?___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Hagerstown. 18. BURIAL, CREMATION, OR REMOVAL sh Manner of Injury CAUSE PlaceSt. Paul's. Md. Date Dec. 6 132 mation Nature of injury 24. Was disease or injury in any way related to occupation of deceased? Fred W. Kraiss 19. UNDERTAKER ___ (Address) Hagerstown If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

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Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car A A A A A A A A A A A A A A A A A A A	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CGI € NAL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13658
1. PLACE OF DEATH	1247
County Washington	Registration Dist. No. 3 0 3
Village or City Clear Guring Man	- St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Offeed Statting Alice	
(a) Residence: No Mean Clean Chining To	11 ok Ward
(Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Dec. 10 - 1870	I last saw here aliva on Ate 8th 1907 ageth is said
6. DATE OF BIRTH (month, day, end year) C. /0 - / % 7 0 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at / m.
62 - 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
R Trada profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc John (Harm)	Nurhons of Line
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc	/
kind of work dona, as SPINNER, Sawyer, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last worked at this occupation (month and year) spant in this occupation. 4 docupation.	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)————————————————————————————————————	
13. NAME Jacob M Mline	
13. NAME face (M) Thine 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Two Tile Date of
(State of country)	Whet test confirmed diagnosis? 20022 Wes there an autopsy? The
15. MAIDEN NAME Matha a. Surge	23. If death was due to externel causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marka a. Swope 16. BIRTHPLACE (city or town) Markage and Control of the control	Accident, suicide, or homicida? Date of injury, 19
(Stete or country) Manhana.	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Sping Mod.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLÁCE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date PSC (1997)	Neture of injury
19. UNDERTAKER Thing M. Corras. (Addrass) Clean Spung Md.	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILED Decao, 19 3 L. J. W. Myrcry Registral.	(Signad) W. Mich M. D. (Address) Clear Chring Und.
If my blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Willer

su or

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MARGIN RESERVED

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vi

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	Moy 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
Gaustones	M 0 y 1 , 1925	Gastroenterius		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

-0	03	10	0	4
1	3	O	0	J

-4	. PLACE OF DEAT	III.			134	
	County Was	hington		14447-6-6	Registration Dist. No. 30	ي
	Village or CityH	lagersto	wn	(If	No. 134 Clarkson Avenue St., of death occurred in a horpital or institution, give its NAME instead of street and	5 Ward
	Length of residence in cit	y or town where de	eth occurred_2	O yrs mos	ds. How long in U.S. if of foreign birth?m	osds.
2	. FULL NAME	Mary M	Light	ner		
	(a) Residence: No				St. 5 Ward.	
			(Usual place		If nonresident give city or town and	State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
		r or RACE		RIED, WIDOWED, O (write the word) ed	21. DATE OF DEATH December 18 (Month) (Day)	, 19 2 • (Yeer)
5a.	If married, widowed, or divor		-la A a	- Impound		
	(or) WIFE of GT	over Li	gntner		22. HEREBY CERTIFY Thet I attended	deceased from
6 1	DATE OF BIRTH (month, day	and wase) Jan	nuary 2	3, 1891	Hast sew h. A. alive on A. 193	2 deeth is said
_	AGE Years	Months	Deys	If LESS than	to have occurred on the dete steted ebove, et 10:00AM	30000
	41	10	25	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related sauses & Importance	
N	8. Trede, profession, or pa	rticular as SPINNER, TI	ama Man	ormin.	were estations: Mall Score	Date of orgest
Ĕ,	kind of work done, as SPINNER, Home Work			<u>K</u>		
UP/	9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc				J.	
OCCUPATION	10. Date deceased last work this occupation (monyear)	ked at	sper	me (yeers) nt in this pation	AAAAAA	
12.	BIRTHPLACE (city or town)_ (State or country)	Berkle		y	Other Contributory Causes of importances:	De l
ER	13. NAME J		rshall			
FATHER	14. BIRTHPLACE (city or town) Unknown (State or country) Virginia				Name of operation	
2	15. MAIDEN NAME	Unknow	0		Whet test confirmed diegnosis 71 A November 2018	
MOTHER					23. If death was due to external bauses (VIOLENCE) fill In elso the following	
MO	16. BIRTHPLACE (city or too (State or country)		cnown rinia		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.		ver Ligh	itner		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE
18.	(Address) Hags	erstown	Md		Manageria	
	Plece Hagerst		Date Dec.	2019.32	Manner of injury	
19.	UNDERTAKER Fred	W. Krai	iss.		24. Was disease or Injury In any way related to occupation of deceased?	111)
	(Address) Hag	erstown	Md,	, ,	If so, specify	
20.	FILED /2-20-, 1	32-64	eetts.	Registrar.	(Signed) (Address A.	M. D.

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

r e r	STATE (OF MARYLAND-	CERTIFICATE OF DEATH	13662
infor- state	1. PLACE OF DEATH	to to	820	net
ould Occu	County County	my way	Registration Dist. No.	0
item of should of OCC	Village or City.	eedel Q, (II	No. St., death occurred in a hospital or institution, give its NAME instead of street a	
	Length of residence in city of lown where	death occurredyrsmos		mosds.
CORD. Every PHYSIGIANS ict statement.	2. FULL NAME QUI	ah U.	More	
ED.	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
ct PH	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	and the second s
RECC. PH. Exact	A. COLOR OB BACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
E 3 . 7	remale White	OR DIVORCED (refree the word)	(Month) (Oay)	, 193 (Year)
RMANEN X A C T I classified	5a. If married, widowed or diverced HUSBAND of (or) WHE of	1. P.T.	22. I HEREBY CERTIFY That I atton	ded deceased from
PERMA EXA ly class	o james	ma mon	19 32 to Ore 8	, 19 3 2
	6. DATE OF BIRTH (month, day, and year)	ид 10 1844		3 2; death is said
IS A PE stated E properly certificate	7. AGE Years 8 Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	8. Trada, profession, or particular	P. P. O.		Data of onset
Hedgo	8. Trada, profession, or particular kind of work done, as SPIRNER, SAWYER, BOOKKEEPER, etc. SAWYER, ETC. SAWYER	leures	Cerebrel humorokage	
K—T hould may back	9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	usework .	0	
INE INE Sh t it		11. Total (ma (yaars)) spant in this occupation		
NG I AGE that	yaar)	01- 1	Other Contributory Causes of importance	
NFADING pplied. AGI rms, so tha instructions	12. BIRTHPLACE (city or town)(Stata or county)	wayes a	Huile Debelily	
UNFA supplied a terms,	13. NAME Slovge	prewes.		
ITH UNFA illy supplied plain terms, See instri	13. NAME 1079E	ton co va	Name of operation	of
ITTH Illy plai	(State of country)	M	What test confirmed diagnosis? Was there	an autopsy?
X, WITI carefully I'H in pla ortant.	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State of Populary)	Manne	23. If death was due to external causes (VIOL ENCE) fill in also the follo	
INLY, WI be careful EATH in I	O 16, BIRTHPLACE (city or town)	Jul.	Accident, suicide, or homicide? Data of injury Where did injury occur?	
PLAINLY, Whould be carefu OF DEATH in very important	17. INFORMANT I Illard	a Lellon	(Specify city or town, county and Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC	State) PLACE.
E PLA should OF DJ	(Address)	egclo pms		
E S E S	18. BURIAL, CREMATION, OR REMOVAL Place CAMPAGE CHAPAGE	A 'Oate 12/11,1937	Manner of injury	
-WRITE mation s CAUSE TION is	19. UNOERTAKER	ul Juso 1	24. Was disease or injury in any way related to occupation of deceased	?
I #OF	(Address) Blace	coco mi	If so, specify	
z. M	20. FILED 9 1937 J	9 Jeulines.	(Signed) Allow Stages	nd, M. D
	If man	Registrar,	Charles Street Polimore Proventing 71 S. No. 2	

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pilepsy	
	1 week ago
y street car	1 week ago
	3 days ago
tributory causes of importance:	1 year
	ntributory causes of importance: eritis

	No. \$28 Ham, 18 m 15 had, St., where the street and n ds. How long in U.S. if of foreign birth?	
λ,	St., 5 Ward. If nonresident give city or town and it.	State
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH (Month) (Day)	193 (Year)
1 nrs.	22. OULLE EBY CERTIFY. That attended of 1932, to 500. I last saw h. alive on Dec 30, 1932 to have occurred on the date stated above, at 6 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	deceased from 1922; death is said
.2.4	Other Contributory Causes of importance:	Done
	Heart farline	10e30
	Name of operation Date of	
-1	What test confirmed diagnosis? Was there an a	utopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
3	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify	t
23	(Signed) (Address) Adjustin Ma	M. D.

in plain terms, mation should be carefully TION is very important. CAUSE OF DEATH M

16. BIRTHPLACE (city or town) (State or country)

CREMATION, OR

(Address)

19. UNDERTAKER H (Address)

18. BURIAL.

norment

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Registrar

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset		Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	.1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gostroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13664
1. PLACE OF DEATH	107:-
County Alfasle	Registration Dist. No. 306
Village or City Considerations	NoSt.,Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alice Hear Ille	11.4-1
(a) Residence: No. South long	St., Ward.
(Usual place of abote)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Market Ma	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances H. Love.	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) May 10 1897	I lest saw hat alive on # 12 26 , 1932; death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete steted above, et 8:16 4.
35 7 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8. Trade, profession, or perticuler kind of work done, es SPINNER, House dulus SAWYER, BOOKKEEPER, etc.	Brydes-Preumana Dec 7
9. Industry or business in which work wes done, as SILK MILL, Section Start SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Burlinglia (State or country)	Other Contributory Causes of importantes
13. NAME Engine H. Shippe	
14. BIRTHPLACE (city or town) - Durlington	Name of operation
(State of country)	Whet test confirmed diagnosis? Wes there an eulopsy2
16. BIRTHPLACE (city or town) Skyall	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
[Stete or country]	Accident, suicide, or homicide?Oete of injury
- (Stele of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AM Sander & Free (Address) Smith lung M.S.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Seyset It. Va. Date 728, 1932	Neture of injury
19. UNDERTAKER Walter G. Grove Ga.	24. Was diseese or injury In eny way related to occupetion of deceesed?
20. FILED Dec 27, 19 22 Les v. Leguson Registrar.	(Signed) M. D. (Address) That have
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Bollimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II			
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
3,578.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFIC	CATE OF DEATH 13665
OF DEATH	(3)

1. PLACE OF DEATH	(3)
county Washington	Registration Dist, No. 30 2
Village or City Hugenline	No.440 Salemane St. 5 Ward
Village bi only	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME un namal Chile	Carl & Lush burgh,
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Alg, 19 to 19
6. DATE OF BIRTH (month, day, and year) Lec 6/32	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Shel born 1 day,h	THE PRINCIPAL CROSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chie.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc.	
- I and decapation (month and) spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Aagarshown he	
(State or country) mcl	
13. NAME Carl & Lushburgh	
14. BIRTHPLACE (city or town) Hugers lower	Name of operation Date of
(State of Education)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Idelen) Enkins 16. BIRTHPLACE (city or town) Ibayers wow me	23. If death was due to external causes (VIDL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) baylers lower his	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT / Lelen & Fulcius	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) There wow my	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pressures Date Lucy, 193	
19. UNDERTAKER Carl & Lunch basinger	24. Was disease or injury in any way related to occupation of deceased?
(Address) trusers lower mil	If so, specify
20. FILED / 2-7-, 19 32 Chas H Doceal Registrar.	(Signed) (Address) bugger lower mu
Aegistrar.	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 5 1944	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7 a 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13666
infor- state UPA-	1. PLACE OF DEATH	3016
P 5	County Washington	Registration Dist. No.
item of should of OCC	Village or City Haucock R.7, d.	No. St., Ward
.7 0		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Every MANNE Ement	2. FULL NAME Thomas J. M.	Cuske.
. 🖸 🕏	(a) Residence: No.	St. Ward.
RECORD PHYS Exact sta	(Usual place of abode)	If nonresident give city or town and State
RECO PB Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY	3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Que 26, 1932 (Month) (Day) (Year)
BINDING ERMANE EXACT y classified te.	56. If married, widowed, or divorced HUSBAND of (or) WIFE of PLOT Euce Me Guester	22. ALLEREBY CERTIFY That I attended deceased from
A EXE.	6. DATE OF BIRTH (month, dey, and yeer) Dec. 35. 1865	I lest saw here alive on Dec 21 19.3 deeth is said
R B A PE ed E erly icate	7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, at 8.10 a.m.
FOR I IS A P stated properly	67 - / l day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
- 70	8. Trede, profession, or particular kind of work done, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Chronic Neparitis 1930
K-T nould may back	9. Industry or business in which work wes done, es StLK MILL, own farm	(Cares uneknown)
RESERVED VG INK—THIS AGE should be that it may be ons on back of	11. Total time (yeers) spent in this occupation 45	
ZALS	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
MARGIN RI I UNFADING supplied. AGI n terms, so tha	(State or country)	Chronic Myo carditie 1931
UN UN ter ter	14. BIRTHPLACE (city or town) - Mukrown	Neme of operation
A Sais	(class of additity)	Whet test confirmed diagnosis? Wes there an autopsy?
WT7	15. MAIDEN NAME Emely Tiley	23. If deeth wes due to external causes (VtOLENCE) filt in atso the following:
Car.	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
AINL d be DEAT	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
E PLA should OF DI	17. INFORMANT / Pro. V Koo. T. M. Cueller (Address) Hancock Ind	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
	18 BURIAL CREMATION, OR REMOVAL THE DESCRIPTION OF REMOVAL Date 1429 1932	Manner of injury
-WRITIS mation s CAUSE TION is	19. UNDERTAKER IS POLICE (Address)	24. Was diseese or injury in any way releted to occupation of deceesed? Rolling if so, specify
N.S. N.	20. FILES 2/26 3 D P Jensus Resistrar.	(Signed) L. a. Watson M. D. (Address) Hancock, Ind.
	The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 3 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOKEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	1306i
	county Washington	Registration Dist. No. 302
)	Village or City Hay CITY STOWN	No. 304 So Potomac St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	2 \ ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME TTary Ann TTEN	t2
	(a) Residence: No. 3 04 So Potomac	sQ 3 Ward.
2-7.00	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
7	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH RE (2 (Month) (Pay) (Year)
5a	. If married, widowed, or divorced HUSBAND of	
-	(or) WIFE of Daniel H.	22. I HEREBY CERTIFY. That I attended deceased from
6.	DATE OF BIRTH (month, day, and year) 23- 1852	I last saw h A alive on Le 11 , 1932; death is said
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at
-	80 2 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, A SAWYER, BOOKKEEPER, etc	Osterior les min ?
PAT	9. Industry or business in which	Structurais ?
20	work was done, as SILK MILL, SAW MILL, BANK, etc	
ō	this occupation (month and year) spent in this occupation 50475.	
12	BIRTHPLACE (city or town) Middle burg	Other Contributory Causes of importance:
-	(State or country)	Morandial Deconnection Que 6 19
1ER	13. NAME Jos Brum baugh.	
FATHER	14. BIRTHPLACE (city or towns W Cumber land	Name of operation
-	(State or country)	What test confirmed diagnosis? Currolleli- Was there an autopsy? 200
MOTHER	15. MAIDEN NAME (allerine (rossard	23. If death was due to external causes (VIOLENCE) fill in also the following:
MO	16. BIRTHPLACE (city or town) TTLL CALLY D. W.Y.C. (State or country)	Accident, suicide, or homicide? Date of injury, 19
-	True Ol a 11 Shina	(Specify city or town, county and State)
17.	(Address) Hayrs Your, TTd.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL CREMATION OR REMOVAL	Manner of injury
	Placall i aale buyay 14 Date Dec 14, 1932	Nature of injury
19	UNDERTAKER A. L. COXX May	24. Was disease or injury in any way related to occupation of deceased?
-	(Address) Hayt stown that	If so, specify The Problem
20,	FILED / L. 1932 DRANT BOWERS, Registrar.	(Signed) M. D. (Address) 138 M. Washington
	If more blanks are needed address State Registrar	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example HERINE	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	, , ,	Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	and the same of th		

N	item of infor-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		1	i.
	CORD. Every	ct statement		2	2.
IDING	E-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully sumplied. AGE should be stated EXACTLY. PHYSICIANS should state	assified. Exa		3. 5a.	SE
FOR BIN	IS A PER	properly cl	certificate.	6. 7.	AG
MARGIN RESERVED FOR BINDING	F. Should be	lat it may be	TION is very important. See instructions on back of certificate.	OCCUPATION	B
IN R	DING	se th	uction	12.	
MARG	H UNFA	ain terms,	See instr	FATHER	1
•	LY, WIT	TH in pl	portant.	MOTHER FATHER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	LAIN	DEA	ry im	17.	IN
No. 1	RITE P	USE OF	ON is ve	18.	BI
No. 1	W 3	CA	II	19.	U

STATE OF MARTLAND	CERTIFICATE OF DEATH	3668
1. PLACE OF DEATH	82-20	
County Washing love	Registration Dist. No.	21,
Village or City / 6 agst stown	No. 792 () () (St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in city or lown where death occurred 44 yrs mos		
2. FULL NAME Les se d. Mes	3.	
(a) Residence No. 732 W. Wash. (Usual place of abode)	St., / Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 20	٠,٠,٠
fa If married wildowed or disposed	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (Gr) KIEE EMMARY (Gr) KIEE EMMARY	22. HEREBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h	: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130 A.m.	
73 / 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
1 9 Trade profession or particular	Gerebrul Idemorrhay	11/2 ymy
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SPINNER SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) spent in this occupation (month and		
10. Date deceased last worked et) this occupation (month and year) 11. Total time (years) spent in this year) occupation		
12. BIRTHPLACE (city or town) Liberty	Other Coutributory Causes of importance:	
(State or country) . Wif a		
13. NAME Children Mels.		
13. NAME William Mills 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? MUTHLY Was there an au	itopsy?//2
15. MAIDEN NAME Mary Maringstor	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT QUILLE OF MELTS (Address) 732 W. Wash Pak	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Dage sale Date 19.32	Nature of injury	1209
19. UNDERTAKER CHICAUTER TOUS (Address)	24. Was disease or injury in any way related 30 occupation of deceased?	9
17-21- 9/ 1-44-1	(Signed) Musty	M D
20. FILED / 2 2/ , 180 2 C MANY OCCUPANT Registrar.	(Address) 17.00 Markey .	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the second	Example II	3 195
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 3 133	July 5,1927	Peritonitis	3 days ago
RUREAU V.S.	A.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

BINDIN

FOR

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MARGIN

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimote, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis = A = -	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA		
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MARGIN RESERVED FOR BINDING

Registration Dist. No 30 County_ No.319 McDows St., S (If death occurred in a horization institution, give its NAME instead of street and number) Hageratown mos. 3 ds. How long in U. S. if of foreign birth?_____yrs.____mos.___ds. Length of residence in city or town where death occurred__ Berrie Rebecca Mock 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH female OR DIVORCED wnite the word) white Dec. 1. 1932 5a. If married, widowed, or divorced HUSBAND of XXXXX I HEREBY CERTIFY. That I attended deceased from (or) WIFF of 6. DATE OF BIRTH (month, day, and year) NOV. 29. 1932 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at ... 8.30mF 3 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, none SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Hager town Md (State or country) Ruccell Mock FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ Nancy Ruffner MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury_______19___ (State or country) Where did injury occur?____ (Specify city or town, county and State) Russell Mock 17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Hageretown (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Place Sharpsburk Md Date Dec. 3 Nature of injury 19. UNDERTAKER Albert Leef Williamsport Md 24. Was disease or Injury In any way related to occupation of deceased? (Address) If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL.	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car . A A THE A THE	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 2 Tago	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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of OCCUPA-

	STATE OF MARYLAND	-CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(82:0)
	County Washington	Registration Dist. N
	Village anetty Near Williamsport	ND.
	Length of residence in city or town where deeth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead mosds. How long in U.S. if of foreign birth?y
	2. FULL NAME Mary Virginia Newland	
	(a) Residence: No.Williamsport, .4d. R # (Usual place of abode)	2 St., Ward. If nonresident give city
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Widowed	21. DATE OF DEATH Dec. 1, 1 (Month) (D
5a	5a. If merried, widowed, or divorced HUSBAND of	
	(or) WIFE of Not known	1 HEREBY CERTIFY, Tha
6.	6. DATE OF BIRTH (month, dey, and year) Aug. 14, 1861.	I last sew h. alive on.
-	7. AGE Yeers Months Deys If LESS the	The state of the s
	71 3 17 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of imp
N	8. Trade, profession, or particular kind of work done, es SPINNER,	
VIIC	SAWYER, BDOKKEPER, etc	cerebral himorrh
UPA	9. Industry or business in which Work wes done, es SILK MILL, SAW MILL, BANK, etc	
OCCUPATION	10. Date deceased lest worked at this occupetion (month and the companion occupation). 11. Totel time (yeers) spent in this XX occupation.	
12	12. BIRTHPLACE (city or town) Edenburg, Va. (State or country)	Other Contributory Causes of Importance:
ER	3 13. NAME Joseph Newland	- Touris Survey
FATHER	14. BIRTHPLACE (city or town) Edenburg, Va.	Neme of operation
_	(Stete of Country)	What test confirmed diegnosis?
MOTHER	Tedon by her We	23. If death was due to externel causes (VIOL ENCE) fill in also
MO	16. BIRTHPLACE (city or town) Edonburg, Va. (State or country)	Accident, suicide, or homicide? Dete of i
17	IT. INFORMANT Charles Litten, (Address) Williamsport, Md. R # 2	Where did injury occur? (Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or i
18	18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
	Pleckanor Com., ad. Dete Dec. 4, 193	Nature of injury
10	9. UNDERTAKER Albert Leaf,	24. Was disease or injury in any wey related to occupation of
13	(Address) Williamsport, Md.	If so, specify
20.	20. FILED Lec. 3, 1932 lo. 6. Dickard	(Signed) // Leo. / Lo

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~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Registration Dist. No	Q L	)
No		St.,	Ward
leath occurred in a hospital or institu			
ds. How long in U.S. if o	f foreign birth?yrs	imo	osds.
St., Ward.			
	If nonresident give city	or town and	State
MEDICAL C	ERTIFICATE OF	EATH	CHECKSTON WITH THE KNOWN OF CHARLES
21. DATE OF DEATH	Dec. 1. 19	32.	
	Dec. 1, 19 (Month) (De		, 193 (Year)
22. 1 HEREBY	CERTIFY, That	1 attended	deceased from
I to medical.	attention s	zeev	2.19
I last sew h alive on		, 19	; deeth is seld
to heve occurred on the date state	debove, et 10 P · m.		
The PRINCIPAL CAUSE OF DEAT	H and related ceuses of Impo	rtance	1001
(1)	1		Date of onset
Cerebral 1	remorrha	se	12-1-33
		/	
Other Contributory Causes of Impo	rtance:		
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Itrterial &	sclerosi	J	1920
Neme of operation		Dete of	
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23. If death was due to externel cau			
Accident, suicide, or homicide?			
Where did injury occur?	bott of m	UI y	, 13
	(Specify city or town, cou	inty and State	)
Specify whether injury occurred in	INDUSTRY, IN HOME, OF IN	PUBLIC PLA	.CE.
Manner of injury			
Nature of injury			
24. Was diseese or injury in any we	ey related to occupation of de	ceesed?	20
If so, specify	/		
(Signed)	0. 100	-de	M. D.
(Address) AU	- port	mi	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	
County Cashralm	Registration Dist. No. 382
Village or City Hoa wy Love	. No. 9 Su Manyland are st., 2 ward
Length of residence in city r town where death occurred vyrs. O mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  s
6T.00 - 15 1 7	1 Charles
2. FULL NAME SUCCESSION NOT AND A PARTY OF A	~
(a) Residence: No. (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (prite the word)	21. DATE OF DEATH Dec 8, 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 8, 432	I last saw h alive on , 19 ; death is seid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 m;
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dell frush
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hogyelen , Ma	
(State or country)	
13. NAME Gasgrale Mcholaus  14. BIRTHPLACE (city or town). Italy  (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME TOTOWO.  16. BIRTHPLACE (city or town) Rown Yulvanen.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Barrel Halida	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Hayruston Vd	Specify whether injury occurred in INDUSTRY, in nome, of in robelo reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 19	Nature of injury
19 UNDERTAKER Pasqual Mecholais	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagentony Mid	If so, specify
20. FILED 12-8-1932 6 Kasffrower	(Signed) M. D
Registrar.	(Address) tolquestion mo

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

occupa.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13674
1. PLACE OF DEATH	95-6
County Washing on	Registration Dist. No. 300
Village or City Sharks burg Md	No. St, Ward
(If Length of residence in city or town where death occurred 7 yrs 6 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  2 ds. How long In U.S. If of foreign birth?
2. FULL NAME COSA K Music	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (2 25 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Frank Must	12 I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) may 29 = 1866	I last saw h alive on 19 death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 12.102 m.
2 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were es follows:  Date of onset
Notes that the second s	holicrot 14
9. Industry or business in which	Liston of Pract
work was done, as SILK MILL, SAW MILL, BANK, etc.	7 601
Date deceased lest worked at this occupation (month and spent in this occupation occupation	frankl.
12. BIRTHPLACE (city or town Sharks burn in	Dther Contributory Causes of importance:
(State or country)	
II I3. NAME (P Le La Caraciana	
14. BIRTHPLACE (city or town) Short Court	
4. BIRTHPLACE (city or town)	Name of operation
	Whet test confirmed diegnosis? Wes there an eutopsy?
E 13. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME SUSSIBLE VAILTY  16. BIRTHPLACE (city or town) Control of Con	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Date Date	Nature of Injury.
19. UNDERTAKER	24. Was disease expriury in eny way related to occupation of deceased?
(Address) Kyndy 9 miles ma	If so, specify / Clay bouch
20. FILED 727 , 1932 Ely 19 vy Registrar,	(Signed) Nudyfell M. D.  (Address) M. D.
If many blanks and all all a Company	N. O. J. C D. L D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN	1921	Run over by street car	1 wcek ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis .	3 days ago	
KUREAU	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

OCCUPA-1. PLACE OF DEATH Registration Dist. No. 3 06 plnods (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U. S. If of foreign birth? ______yrs. _____mos.__ statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH Y OR DIVORCED (write the word) CTL (Month) 5e. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months Days If LESS than or____min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... back plnods may 1. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceesed last worked at 11. Total time (years) spent in this this occupation (month and occupation _. instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) carefully MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of injury______ 19_ 16. BIRTHPLACE (city or town) (State or country) should be (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR -WRITE Manner of injury CAUSE mation LION Nature of injury 19. UNOERTAKER (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. See instructions on back of certificate. WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE O	F MARY	YLAND—	CERTIFICATE OF DEATH	3676
County Washinton Village or City Hagerstow Length of residence in city or town where de	n	(li yrs, 2 mos	Registration Dist. No. 30  No. S. Cleveland Avenue St., f death occurred in a horpital or institution, give its NAME instead of street and 17 ds. How long in U.S. if of foreign birth?	3 Ward number) ds.
2. FULL NAME Roy Ja  (a) Residence: No. S. Clev		venue f abode)	St., 3 Ward.  If nonresident give city or town as	nd State
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Single	(write the word)	21. DATE OF DEATH  December 29  (Month) (Oay)	, 193 2 • (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year)	t. 12,	1932.	I last saw hand alive on Dec 29 ,193.	7 : death is said
7. AGE Years Months 0 2	Days 17	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1:30 P.m.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nfant	me (years) t in this pation	Unfluenza	Data of onset 12/24/32
12. BIRTHPLACE (city or town) Hagerst (State or country) Md.	own, Mo	d.	Other Contributory Causes of importance:	~~
	la.		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIOEN NAME Pearl Lun  16. BIRTHPLACE (city or town) Hage 1  (State or country) Mo	cstown		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Roy Reed,  (Address) Hagerstown, 18. BURIAL, CREMATION, OR REMOVAL  Place Hagerstown, Md.		30 ,1932	Where did injury occur?  (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P  Manner of injury  Nature of injury	ate) LACE.
19. UNOERTAKER Fred W. Kraj (Addiess) Hagerstown 20. FILED/21-30-, 1932-4	4	owllo Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	of the file

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WATERIAT V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH If nonresident give city or town and State (Year) ERTIFY. That I attended deceesed from Date of onset (Specify city or town, county and State)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
1	Other contributory serves of importance.	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis AAA 8 1833	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Mashing for	Registration Dist. No. 3 0 2
Village or City tegle Lettin burg and	No. St., Ward
Length of residence in city or town where death occurred yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Bal Oll Ril	us. How long in 0.0.11 of foliage bilding
2. FULL NAME Cavara, Eller Care	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)  Terroale Orbital Students	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Authors Ello.	27. L HEREBY CERTIFY That I attended deceased from
(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year)	Hast saw h en alive on 10ec 21, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.4 m.
66 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Acabelia Mellitus 1914
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end spent in this	7
work was done, es SILK MILL, SAW MILL, BANK, etc	
year)occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) fran falgusvelle	
(State or country)	
13. NAME Volum. It Senote varger  14. BIRTHPLACE (city or town) Sear Columnifiede	
14. BIRTO LACE (city or town) than to the surface.  (State or country) thank he such	Neme of operation   Date of   Whet test confirmed diagnosis?   Was there on autopsy?
# 15. MAIDEN NAME Sarah Reguella	Whet test confirmed diegnosis? Was there en autopsy? 23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Vian Myenwills	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) Than Myerwiells (State or country)	Where did injury occur?
17. INFORMANT Les Mylling Mills (Address) Sumitifsburg mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Recturbury Carrely Date Dec 23, 19 22	Nature of injury
19. UNDERTAKER Sift Both, oover	24. Was disease or injury in eny wey related to occupation of deceased?
(Address) such true	If so, specify
20. FILEO/2/2/ , 192 JHWiskard Registrar.	(Signed) M. D. (Address) function function
If more blanks are needed, address State Registrar.	24 t N. Charles Street, Baltimore, Requesting T. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
F BEAU V.S.			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13680
1. PLACE OF DEATH	-10
County Hashington	Registration Dist. No. 302
Village or City Acquiston	No. 120 n. Potomae St. 4 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredmos	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Caroline June	Elex
(a) Residence: No. 120 M. Potomae	St., H Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Semale white Privance of	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Charles a. Riley	22.   HEREBY CERTIFY That i ettended dacaased from
at in trace	Dee: 9, 19.3 k, to Dee: 14, 1932
6. DATE OF BIRTH (month, day, and year) Oct. 13 1882	I last saw held alive on Alella 14, 1932; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
30 A ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Dec 8,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Lobar Trummana 1932
IO. Date deceased lest worked at II. Totel time (veers)	
this occupetion (month end spent in this occupation occupation	
2	Other Camtributary Causes of importance:
12. BIRTHPLACE (city or town) May 12. (Stata or country)	
13. NAME Aldami Renaul	Meumatoes Unthritis,
13. HAMPE Weram Jeagy	for clean years 1921
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Unna Reed.	23. If daath was dua to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hess areline, Tiley	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Augustinia Mid	••••••
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Pear Haven Data / 6, 1932.	Nature of injury
19. UNDERTAKER Halter 4 Share	24. Was disease or injury in any way related to occupation of deceased?
(Address) Harffyelong la	If so, spacify
20. FILED 12-15- 1930, 6 Kal / Bowers	(Signad) Aastall M. D.
Registrar.	(Address) Hagenstown Male
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	H	Example II	9 6521511
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , CE VE ]	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IAN 5 1933	July 5,1927	Peritonitis	3 days ago
EUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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or- A-	STATE OF MARYLAND	CERTIFICATE OF DEATH 13681
infor- state UPA-	1. PLACE OF DEATH	92-0
of uld XCC	county / ashueg low	Registration Dist. No.
of Of	Village or City There cock	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds
CORD. Every PHYSICIANS ect statement	2. FULL NAME ( NOTA TOBE	y
RD. YSIG	(a) Residence: No.	St., Ward.
HY t s	(Usual place of abode)	If nonresident give city or town and State
RECORD.  PHYSI  Exact stat	3. SEX 4. COLOR OF FACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Y. Y. E.	OR DIVORCED (writethe word)	DEATH JEAN 12 1932
NEN CTL iffed.	5a. M married, widowed, or divorcad	(Month) (Day) (Year)
MANJ MANJ A C C	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
XX XX A	81-10 1779	100 / 5 , 19 3 2 , to , 19 3 3
PE E	6. DATE OF BIRTH (month, day, and year)	I last saw h A alive on 100 13 ; death is sai
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
IS IS sta	O ormin.	were as follows:  Date of onset
He pe of c	R. Trade, profession, or particular kind of work done, as SPINNER.	Heart disease Min 15 19
T) 14	kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  SAWYER, BOOKKEPER, atc.  J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this poculation (month and this poculation) are shaded to be a second to be a sec	J. Carr Course
K—T hould may back	work was done, as SILK MILL, Holes	
IN E I	The coodpay of Square and	
KE, KE, VGE VGE that	year) occupation [19]	Other Contributory Causes of importance:
AKGIN KI NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or fown) / College (State or country)	
FA ied ms, stru	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	I //	
H L su sin t	4. BIRTHPLACE (city or town)	Name of operation Date of
ully pla	at the last	What test confirmed diagnosis? Was there an autopsy?
in in in in	I Changer of the	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
INLY be ca EATH impor	O 16. BIRTHPLACE (city or 10 mm)  (Stata or country)	Where did injury occur?
	IT INFORMANT PLANTER MARKEY O	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA should OF D	17. INFORMANT (Address)	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
S ds	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
/2 _ H ·=	Place fall COCI GHE Date 119, 13	Natura of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER 29 XCUICLE O	24. Was disease or injury in any way related to occupation of daceased?
	(Address) faccoct to mo,	If so, specify
	20. FILED 1 1 1 2 197 DE Seutien	(Signed) ( Wood Styces M.
Z	Registrar.	(Address) Haucfack Md.
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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FOR

MARGIN RESERVED

(Address)

Registrat.

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. Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEN. V.			
7.5	1 1		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

13683

1. PLACE OF DEATH	(/3/)
County Cashington	Registration Dist. No. 305
Village or City Bosnobos	No. St Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Julia Long Sha	
(a) Residence: No. 13 and 100 Md.	fer
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  December 6, 193, 2
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Charles a. Shafer	22. HEREBY CERTIFY. That I attended deceased from 27, 1932, to See 6, 1932
6. DATE OF BIRTII (month, day, end year) December. 17-1855	I last saw h_ alive on 100 27, 19.32; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at
/6 / / / ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Chrome hephral
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end spear) this occupation.	
	Other Contributory Causes of importence:
(State or country) Tuash Co. Md-	74.
	one.
13. NAME David Long.  14. BIRTHPLACE (city or town) Sta James	Name of operation Date of
(State or country) Weak, comd.	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pary Reichard  16. BIRTHPLACE (city or town) Broad fording	23. If death was due to external causes (VIDLENCE) fill in also tha following:
	Accident, suicide, or homicide? Data of injury19
(State or country) Plasta, Ep. m	Whera did injury occur?
17. INFORMANT (Per, D) Victor Song (Address) Bronologo Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of injury
Place / I anow Centery: Date Dac, 9. ,1932	Nature of injury
19. UNDERTAKER TOWN DUST Y SON	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Des. 7. 1932 William & Bank Registrat.	(Signed) AD Hauffer M.D.  (Address) Hagersfour Md
	(Address) _ V
	T C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH jo should Registration Dist. No. item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?... Length of residence in city or town where death occurred statement PHYSICIAN RECORD. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER RESERVED KOV. 15, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL may back 1932. should SAW MILL, BANK, etc ... Date deceased last worked at 11. Total time (years) instructions on this occupation (month and year) spent in this occupation 20445 Other Contributory Causes of Importance MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER See 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis?____ be carefully Ta MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?.. Date of injury _____ 19_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? DEA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIG PLACE 17. INFORMANT pluods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Nature of Injury NOIL 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B. B. Kreise

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Já	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attock of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		- your
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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Example I		Example II	
ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
KELLIVE	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
July 9 1003	July 5,1927	Peritonitis	3 days ago
BUREAU V.	<b>3</b> .		
of importance:		Other contributory causes of importance:	
	May 1,1923	Gasiroenteritis.	1 year
	101141011111111111111111111111111111111		
	JAN 3 1933	ath and related causes ows:  1915 1921 July 5,1927  BUREAU of importance:	The principal cause of death and related causes of importance were as follows:  Attack of epilopsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSIC	CIAN
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PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

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SEX ORTE OF BIRTH (month, day, and year)  8. Trade, grobesiden, or particular and months of the states and service and support of the states and service and support of the states and service and service and support of the states and service and s	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village Dr City, Control of the State of Control of Con	1. PLACE OF DEATH	1303
Length of residence in city or Land where death occurred 15 yrs.  4. Cloud place of bloods  A. How was in U. S. If of foreign births:  (a) Residence: No. 3 / W. Lindau place of bloods  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKIED, WIDOWED, Corp. WIDOWED, Corp. William of the wordy of the word of the wordy of the word of the wo	County Washington	Registration Dist. No. 802
Length of residence in city or Land where death occurred 15 yrs.  4. Cloud place of bloods  A. How was in U. S. If of foreign births:  (a) Residence: No. 3 / W. Lindau place of bloods  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKIED, WIDOWED, Corp. WIDOWED, Corp. William of the wordy of the word of the wordy of the word of the wo	Village or City Collins to Lower	No. W. Wash St. L Ward
2. FULL NAME  (a) Residence: No. D. W. Chaulphee of abooks  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVOKED WITH the world  OR DIVOKED WITH the world  OR DIVOKED WITH the world  S. I I married, widowed, or (Paroread HUSAND) of the sale of the sale stated above, at J. S. T.		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 2 (Chas) place of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (with the world) Sa. II married, widowed, or overview of the world	Length of residence in city or town where death occurred vyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL Parker of abodo  PERSONAL AND STATISTICAL PARKED, WIDOWED, OR DIVORCED (write the world)  3. SEX  4. COLOR OR RICE S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the world)  5a. If married, widowed, or/gevorced HUSBAND (Month) (Dey)  1. DATE OF DEATH  1. DATE OF DEATH  1. DATE OF DEATH  2. LIHER EBY CERTIFY, That I attagated decessed from the data stated above, as July 1. July 1	2. FULL NAME TO TICES. A. V Zu	pur
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED, OR DEATH  21. DATE OF DEATH  55. II married, widowed, or/devoced  HUSSAND of Corp. Wife of		
3. SEX  4. COLOR OR RACE OR DIVORCED (switch beword)  5. If married, widowed, or flovorced (co) will be word)  5. If married, widowed, or flovorced (co) will be word)  6. DATE OF BIRTH (month, day, end year)  7. AGE  Yeers  Monffit  1 LESS then 1 day,		
So. II married wildowed, or giverced HUSBAND OF HUSBAND		
5.0 ATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  8. Trade, profession, or particular kind of work done, as SPINNER, day, and year in the series of the serie		(2 /3 193 Z
#USBAND of (or) WIFE of Control o	50 H married widowad or Riversad	(Month) (Dey) (Year)
8. DATE OF BIRTH (month, day, end year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular Mind of work done, as SPINNER, Mind of work do	HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
T. AGE  Yeers  Months  Days  If LESS then I day	Alura S. Shows	14/3 1,19.32 10 12/13 ,19.32
Trade, profession, or particular were as splinkers, ormin.  8. Trade, profession, or particular were as Splinkers.  SAWYER, BODKREFER, etc.  9. Industry or business in which work was done, as SILK MILL.  SAMILL, BARK, etc.  10. Date decessed last worked at years) spent in this occupation (month end year).  Saw MILL, BARK, etc.  11. Total time (years) spent in this occupation.  Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town).  State or country)  13. NAME  14. BIRTHPLACE (city or town).  Whet test confirmed diagnosis?  Was there en autopsy?  Whet test confirmed diagnosis?  Was there en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  Whet test confirmed diagnosis?  Was there en autopsy?  Accident, suicide, or homicide?  Dete of injury.  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury.  19. UNDERTAKER  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Neture of injury in any way related to occupation of deceased?  Manner of injury.  19. UNDERTAKER  Accident, suicide, or homicide?  Manner of injury  Neture of injury  Neture of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceas	6. DATE OF BIRTH (month, day, end year) June 30" (£77	I last saw h. saw on 19.2 2; deeth is seid
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, ST. 10. Date deceased lest worked at 10. Date deceased lest worked at 11. Total time (years) spent in this 2 graph occupation.  12. BIRTHPLACE (city or town) spent in this 2 graph occupation.  13. NAME 14. BIRTHPLACE (city or town) state of the spent in this 2 graph occupation.  15. MAIDEN NAME 16. BIRTHPLACE (city or town) state of the spent in this 2 graph occupation.  17. INFORMANT State or country)  18. BURIAL, CREMATION, OR REMOVAL Piece A CARACTER OR REMOVAL PIECE		to have occurred on the date stated above, at South Mr.
8. Frade, profession, or particular Mind of work done as SPINNER, SAWYER, BDDKKEPPER etc.  9. Industry or business in which was done as SILK MILL, BARK, etc.  9. Industry or business in which was decessed lest worked at this occupation (month end occupation). The profession occupation occupation occupation occupation occupation.  12. BIRTHPLACE (city or town). State or country)  13. NAME  14. BIRTHPLACE (city or town). State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Was there en autopay?  17. INFORMANT  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Piece. Declaration of the profession of the profess		work as follows:
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BAKM, etc.  10. Date decessed lest worked at by separation in this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. The Country or business in which work was done to externel cuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. The Country or business of importance:  Cause undefunded at the Cause of importance:  Cause undefunded in invaluation of importance:  Cause undefunded at the Cause of importance:  Name of operation  Whet test confirmed diegnosts?  Was there an autopsy?  23. If death was due to externel cuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Specify or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Neture of injury  Neture of injury in any way related to occupetion of deceased?  Manner of injury  (Signed)  Cause undefunded at the Cause of importance:  Cause undefunded at the Cause	Z 8. Trade, profession, or particular	Hunr hall from Shunace
J. Houstry or business in which SAW MILL, BANK, etc.  Spent in this occupation (month end yeer)  Spent in this occupation (month end yeer)  Spent in this occupation  (State or country)  Diher Centributory Causes of importance:  Name of operation.  Date of.  Whet test confirmed diegnosis?  Was there en autopsy?  Accident, suicide, or homicide?  Dete of injury.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Neture of injury.  Neture of injury.  19. UNDERTAKER  Accidents, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Neture of injury.  Neture of injury.  Neture of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury in any way related to occupation of deceased?  Manner of injury.  Neture of injury.  Neture of injury.  Neture of injury.  Manner of injury in any way related to occupation of deceased?  Manner of injury.  Neture of injury.  Manner of injury in any way related to occupation of deceased?  Manner of injury.  Manner of injury.  Manner of injury.  Neture of injury.  Manner of injury.  Manner of injury.  Neture of injury.  Manner of in	SAWYER, BUDKKEEPER, etc.	S A A O 1 14 12/3/20
Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town)	9. Industry or business in which work wes done, es SILK MILL,	
Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town)	D. Date deceased lest worked at /2/ / 11. Total time (years)	Cause undetermined
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  21. BIRTHPLACE (city or town) (State or country)  Name of operation Whet test confirmed diagnosis? Was there en autopsy?  23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Neture of injury  24. Was disease or injury in any way related to occupetion of deceased?  If so, specify (Signed)  M. D.		
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Whet test confirmed diegnosls? Was there en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Steta or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. Maiden reduing in industry  Whet test confirmed diegnosls?  Was there en autopsy?  22. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?  Dete of injury  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Address)  Was there en autopsy?  Accident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Address)  (Signed)  Manner of injury in any way related to occupetion of deceased?  Manner of injury  Neture of injury in any way related to occupetion of deceased?  Manner of injury  Neture of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury  Neture of injury in any way related to occupetion of deceased?  Manner of injury  Neture of injury  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?  Manner of injury in any way related to occupetion of deceased?	IA RIDTHPLACE (city or town)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL PIECE (Address)  19. UNDERTAKER (Address)  23. If death was due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?  Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  24. Was disease or injury in any way related to occupetion of deceased?  If so, specify (Signed)  M. D.	(State or country)	
16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  10. Stete or country  Accident, suicide, or homicide?  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Neture of injury  19. Was disease or injury in any way related to occupetion of deceased?  If so, specify  (Signed)  M. D.	15. MAIDEN NAME BANGARABOITEN	
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Description of deceased?  Neture of injury  19. UNDERTAKER  Address  (Address)  19. UNDERTAKER  To be the first of the first of the first occupation of deceased?  (Address)  (Addr	5 16 RIRTHPLACE (city or town) // // // // // // // // // // // // //	
17. INFORMANT Specify whether Injury occurred in INDUSTRY, In HOME, or in PÜBLIC PLACE.  (Address) Specify whether Injury occurred in INDUSTRY, In HOME, or in PÜBLIC PLACE.  Manner of injury Neture of injury  19. UNDERTAKER (1.7) Neture of injury in any way related to occupetion of deceased? Net occupe injury in any way related to occupetion of deceased? If so, specify (Signed) No. D.  (Signed) No. D.	(Stete or country)	
18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Manner of injury  Manner of injury  Neture of injury  (Signed)  (Signed)  M. D.	17 INFORMANT KENTY AND Stepurt	
Place Dalawalla Dete. //6., 19.32 Neture of injury  19. UNDERTAKER A. F. Relative of injury in any way related to occupetion of deceased? No. 20. FILED 2-/3-, 13.2 Charles Source (Signed) Volor Dalawalle of injury in any way related to occupetion of deceased? No. 2. (Signed) No. 10. Dalawalle of injury in any way related to occupetion of deceased? No. 2. (Signed)		
19. UNDERTAKER ( 75.1 Retained 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? Reconstruction of deceased?	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) 4 (1955) (Signed) If so, specify (Signed) Notes Buille M. D.	Place July Villa Date	Neture of injury
(Addiess) 7 ( Signed) 1 (Signed) M. D. (Signed) M. D. (Signed) M. D.	19. UNDERTAKER C. F. Kleahen	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED Signed		
Registrar. (Address) Hag & Stores Md	20. FILED 2-13- 1326 host Bowers	(Signed)
	Registrar.	(Address) Hagel Stour Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business; report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	110
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 3 1969			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

BINDIN

FOR

RESERVED

MARGIN

V. S. No. 1

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car SEN C NIP	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEARDEN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		953
County //	ung low	Registration Dist. No.
Village or City flan	fair cocko	NoSt., if death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town whe		
2. FULL NAME	y U	mille.
(a) Residence: No	DA1	St., Ward.
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE MARRIEDZ WIDOWED.	21. DATE OF DEATH
Louis White.	OR DIVORCED (write the word)	Dec 2 193
is. It married, widowed, or divorced	1	(Month) (Day) (Y
HUSBAND of (or) WIFE of	is mulle	1 HEREBY CERTIFY, That I attended decease
DATE OF BIRTH (month, day, and year)	In 26 1801%	I last saw her alive on 12/1/3 \ 19 ; death
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2. Q.Lni.
16 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER	Laure Kacker	
SAWYER, BOOKKEEPER etc.  9. Industry or business In which	17/	Cardial Certhina 1/
work was done, es SILK MILL, SAW MILL, BANK, etc.	le spoure.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
8 - 15	haile Political	Other Coatributory Causes of importance:
2. BIRTHPLACE (city or town)	brigge w Va.	9 Lynnota 12 and Lynnos 12
13. NAME PESSUE	Mycley	Jegier Santa of Lings 17
14. BIRTHPLACE (city or town)	5/a	Name of operation
(State of Country)	AA .	What test confirmed diagnosis? Character Was there an autopsy
15. MAIDEN NAME Mary	Gronnell.	23. It death was due to external causes (VIOL ENCE) fill in also tha tollowing:
16. BIRTHPLACE (city or town)	Visquia	Accident, suicide, or homicide?
Toberles	Dent.	Where did injury occur?  (Specify city or town, county and State)  Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT (Address)	Faucocko.	Specify whether injury occurred in the booker, in frome, or infrobello FEACE.
18. BURIAL, CREMATION, OR REMOVAL	for miller -	Manner of injury
Place/With and only	Date 11 0 , 18 37	Nature of Injury
19. UNDERTAKER DE L	ulding	24. Was disease or injury in any way related to occupation ot deceased?
(Address)	1000	If so, specity (Signed)
20. FILED 19.37 W	By Culture Registrar.	(Signed) Atenach VI
7 m	blanks are moded address Coas Parish	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
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Chronie interstitial nephritis	1	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	UAN 3 1000	July 5,1927	Peritonitis	3 days ago	
	DURIA .				
Other contributory causes	of importance:		Other contributory eauses of importance:	ETHE	
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH

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1. PLACE OF DEATH	(93-2)
County VI a shi nateralimites	Registration Dist. No. 302
Village or City Hagexstaun	No. 12 to St. Lacust St., 3 Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAMETTY'S SYELLA GS TYLLEY	
(a) Residence: No. \2 \o \So \Lo \eustrale (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of	- (month) (Jay) (Tear)
(or) WIFE of John W.	22. HEREBY CERTIFY. That attended daceased from 19 32, to Kee 30, 19 32
6. DATE OF BIRTH (month, day, and year) Que 14-1883	I last saw h . C. R. alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
49 6 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER CUSE W.V.	Chronic Uyo Caralla
kind of work done, as SPINNER  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and	Duration mapy years centerte.
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) The dale buya (State or country)	Other Contributory Capses of importance: Syamahy 5W
13. NAME Markin Gearbart	1 1 ame T som Burn 1888
13. NAME Maylin Gearhart  14. BIRTHPLACE (city or town) Broad fording  (State or country)	Name of operation Date of What test confirmed diagnosis? Cluss Cel Was there an autopsy? M.
15. MAIDEN NAME Catherine Welty	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Hay a gray SY um.	Accident, suicide, or homicide? Date of injury19
17. INFORMANT JULIU. Snyder (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OF REMOVAL NG Date Jany 1, 1933	Manner of injury
19. UNDERTAKER HIK. COXX Man (Address) Hadreystown, Tod	24. Was disease or injury in any way related to occupation of deceased?
20, FILED / 2-3/-, 1932 6 Kar HBower, Registrar.	(Signed) Toda Chly M. D.  (Address) A 312 X X X X X X X X X X X X X X X X X X X
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1			Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related cause follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	200	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	11 775	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			1	
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE F	OR FU	RTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

MARGIN RESERVED

S. No. 1

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	111
Arteriosclerosis	1915	Attack of epilepsy S'A OVANA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis SEA S AVI	3 days ago
			3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	infor-	state	UPA-	
M	tem of	should	of occ	
	Every i	CIANS	ement	
•	CORD.	PHYSI	act stat	
	IT RE	7 X.	Ex.	1
MARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BI.	PER	d E	erly o	cate.
FOF	IS A	state	prop	certifi
ED	LHIS	d be	y be	k of
ERV	NK-1	shoul	it ma	n bac
RES	AG II	AGE	that	o suo
GIN	'ADI	ed.	18, 80	tructi
IAR	UNF	uppli	term	e ins
	WITH	efully s	in plain	int. Se
	INLY,	be car	EATH	TION is very important. See instructions on back of certificate.
	PLA	plnoy	OF D	very
D	RITE	ion sl	USE	si N
No. 1	3.—W	mat	CA	TIC

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 13631/
1. PLACE OF DEATH	93-6
County Washing the	Registration Dist. No. 302
Village or City 26 agenstown	No. No. St., 5 Ward death occurred in a horpital of institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME O Levuas Sta	nebough
(a) Residence: No. Rellevatory Ho (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  // / / / / / / / / / / / / / / / / /
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) ZMAR 20"/67	I last saw h was alive on blemble 9, 1932; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
53 8 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	my regradition
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and specific property).	
0 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) 26 0 Esperano (State or country)	
13. NAME FIRE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIOEN NAME Caraly Rullys	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME CASA MULLIPS 16. BIRTHPLACE (city or town) Case or country)	Accident, suicide, or homicide?
17. INFORMANT SURVEY HOW	Where did injury occur?
(Address) & a evotion un	
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of Injury
19. UNOERTAKER CEMPAULTY Fors (Address)	24. Was disease or injury In any way related to occupation of deceased?
19-13- 25 16800 1-1001	(Signed) Friduck 17- Will M.O.
20. FILED Registrar.	(Address) Itopy him rud
16 U L	N. C. 1 C. P. 1.

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Example I	o chiphad control	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUREAUV	• 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13692
1. PLACE OF DEATH	(82-E)
County Weshington	Registration Dist. No. OC3
Village or City Big Spring Station Md	No. St., Ward
life (I	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anno Rebecco Suffeccol	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Dec. 23, 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (real)
HUSBAND of Somuel H Suffeccol	1 HEREBY CERTIFY, That I attended deceased from 1932, to See 371, 1932
6. DATE OF BIRTH (month, day, and year) Oct 27 1867	last saw h_e2 alive on SCC 93-1, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 9
65 1 26 ormin.	ware as follows or DEATH and related gauses of importance
8 Trade profession or particular Those Co	Exclusion Date of onset
9. Industry or business in which work was done, as SILK MILL, at home SAW MILL BANK, etc.	t t
1D. Date deceased last worked at this occupation (month end) oy 32 spent in this life occupation.	
12. BIRTHPLACE (city or town) Blair's Valley (State or country) Wash Co Md	Other Contributory Carees of Importance:  The most things on See, 19
H 13. NAME DOVIS CLOSE	
E 24ATO OTO DOCT	
14. BIRTHPLACE (city or town) Woryland (State or country)	Name of operation Date of Date
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sorah Bortles	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Soroh Bortles 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide?
17. INFORMANT Somuel II. Suffecool (Address) Big Spring Md	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place t Pouls Cem Md Date Dec 26, 1932	- Nature of injury
Albert Teaf	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Williamsport M.d	If so, specify A
20. FILED Doc 22, 1932 1 up Museur	(Signed) Printipan T. Derry M. J. (Address) Clearstring and
f hove blanks are needed, address State Phoiavar	The second secon

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	1.4	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis  Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis   BURELLE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

S. No.

OF

CAUSE NOIL 18. BURIAL, CREMATI

(Address)

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	· Peritonitis	3 days ago	
BULLSAU	7 8.			
Other contributory causes of importance:		Other contributory causes of importance:		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1AN 3 1953	July 5,1927	Peritonitis 🗼	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF D should County Village or City Every Length of residence in city or town where death occurred. statement PHYSICIAN RECORD. (a) Residence: (Usual place of abode) xact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT MANUEL assified BINDING 5e. If married, widowed, or divorced HUSBANO of (or) WIFE of 7 6. DATE OF BIRTH (month, day, and year) certificate properl 7. AGE Years Months Days If LESS than FOR 1 day.___hrs. or ..... min. 8. Trade, profession, or particular NO RESERVED kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc .... OCCUPAT may back 9. Industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc ..... On 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ...... instructions MARGIN 8 12. BIRTHPLACE (city or town) (State of country) supplied. terms. FATHER See plain carefully HER important. 15. MAIOEN NAME Ξ MOT DEATH 16. BIRTHPLACE (city or town (State or country) should OF (Address) 18. BURIAL, CREMAT WRITE CAUSE mation 19. UNDERTAKER S. No. 1 (Address) Registrar.

Registration Dist. No hospital or institution, give its NAME instead of street and number) (If death occurred in a How long in U.S. if of foreign birth?. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH CERTIFY, That I attended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Other Contributory Causes of importance Name of operation_. What test confirmed diagnosis?___ Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?___ Where dis injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? if so, specify (Signed) (Address)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington BATE LIMITO OF	Registration Dist. No. 302
Village or City Hagestown	No. 321 Mitchel and 5 Ward
Length of residence in city or town where death occurred. #D yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Jannie, & Tillelle	2 4
(a) Residence: No. 32/ Mitchel	Pare 5 Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rapric the word) Manned	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William a Weller	22. Nov! HEREBY SERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 8 1872	I last saw h_av alive on Dec. 17 ,1972; death is said
7. AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8 - 25 At.
60 11 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Chronic nelphrites ,
Solve Was dulle, as sith with,	
10. Date deceased last worked at this occupation (month and year)	
0 0:00 :01.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Vas cular Ruy bert moun
13. NAME Henry F. Stem	
13. NAME Henry J. Stem 14. BIRTHPLACE (city or town) Sabillayille	Name of operation Date of
(State of country)	What test confirmed diagnosis? Q. Was there an au'opsy?
15. MAIDEN NAME Fanne Wagaman 16. BIRTHPLACE (city or town) Sabillaprille	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sallapulle (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT M. William a. Weller (Address) Hagerstown Md	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMOVAL	Manner of injury
Place Hagerstown Md Date Dec 16, 1832	Nature of injury
19. UNDERTAKER Scott 7. Minnightson (Address) Her geralogo Mo	24. Was disease or injury to eny way related to occupation of deceased?
20. FILED / 25-15-132 Mast Brush	(Signed) My M.D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) TOGUETUM Y

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
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Arteriosclerosis IAN 5 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V	July 5,1927	Peritonitis -	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

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			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JAN 5 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	JAIN D IN	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

1. PLACE O	STATE C	OF MAR	RYLAND—	CERTIFICATE OF DEATH	50
County	Washington			Registration Dist. No. 3	72
,	City Hagersto	NEPERATE-L	HM17-8-6F	4.0 000	1
			4.0	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of re	esidence in city or town where	death occurred	4 Uyrs,mos	ds. How long in U.S. if of foreign birth?yrsn	10sds.
2. FULL N	AME John	N. Wil:	liams		
(a) Reside	ence: No. 40 Chi	irch St. (Usual place		St., Ward.  If nonresident give city or town and	d State
	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. color or RACE Colored		RRIED, WIDOWED, ED (write the word) gle	21. DATE OF DEATH  December 15  (Month) (Day)	_, 1932 •
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			Pee. 5 1932 to 13	deceased from
6. DATE OF BIRTH	H (month, day, and year) No	v 1. 18	355	I last saw h last alive on Dac 15 193	; death Is said
	ears Months	Days	If LESS than	to have occurred on the date stated above, at 4:45Pm.	
	77 . 1	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, protein of SAWYE	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc.	aborer.		Q 1 0 0	Date of onset
9. Industry of	r business in which was done, as SILK MILL,			Cerebal tumorhone	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (year) spent in this occupation (month and year)			time (years)		
12. BIRTHPLACE ( (State or co	city or town) Washin	gton Co		Other Contributory Causes of importance:	
13. NAME	Nathan Will	iams			
1.2	CE (city or town)	known		Name of operation Date of	h
15. MAIDEN N				What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOL ENCE) fill in also the followin	
- 1	CE (city or town) Un	known		Accident, suicide, or homicide? Date of injury	
	Charles A. W Hagerstown	illiams	5.,	Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) .ACE.
18. BURIAL, CREMA	ATION, OR REMOVAL			Manner of injury	
PlaceH	agerstown, M	d Date Dec.	17 ,1932	Nature of injury	
19. UNDERTAKER	Fred W. Kr	aiss,		24. Was disease or injury in any way related to occupation of deceased?	40
(Address)	Hagerstown	Md.	1	If so, specify	
20. FILED / 2-	11- 19326	Kosft.	Bower	(Signed)	M. D.
			Registrar.	(Address) Has each	1491

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage JAN 5 1933	July 5,1927	Peritonitis	3 days ago
RYINGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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BINDIN

FOR

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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V Vaciania U ca			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement AGE should be stated EXACTLY. properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE-PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-2
County Washing YUM	Registration Dist. No. 502
Village or City Ringa bld.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAMEL Duisa L Yanick	, , ,
(a) Residence: No. 340 Li Dev & (Usual place of above)	St., 4 Ward. Hagerstown IIId.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Consider the word of the widowed, or divorced  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The word of the word	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Peter Yanichi.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) TO Q Q 16 - 1872  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year)	Chroni Hank Ironte.
12. BIRTHPLACE (city or town) Hagers Youn, (State or country)  13. NAMES ummerville Cramer	Other Contributory Causes of importance:
13. NAMES ummerville ramer  14. BIRTHPLACE (city or town) Hayer stown	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME LY (1 a TU)  16. BIRTHPLACE (city or town) H Q Q LY S Y O W Y  (State or country)  17. INFORMANT MYS ROSS BOX 70 C  (Address) H Q Q LY S Y O W Y MT d,  18. BURIAL, CREMATION, OR REMOVAL  Place H Q Q LY S Y O W Y M d Date Decy 14 193 ?	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
19. UNDERTAKER F. K. Coxxxax	Nature of injury
(Address) Hayors rown, Md  20. FILED 2-13-, 1932 phose files files are to the Registrar.	(Signed) (Address) 1 Day 2 Market D. (Address)
Acgnirur,	(1001000)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by str	eet car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	8661 'S NW	3 days ago
			GSAINES	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year
	1			

P

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH item of should Registration Dist. No. NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?. Every statement RECORD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT classified. 5a. If married, widowed, or BINDIN HUSBAND of ERTIFY, That I attended deceased from Œ 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE If LESS than Months Days FOR to have occurred on the date stated above. 1 day, .... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. NO MARGIN RESERVED OCCUPAT plnods may back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc., 10. Date deceased last worked at 11. Total time (years) this occupation (month and that occupation instructions 12. BIRTHPLACE (city or town) (State or country FATHER 13. NAME 14. BIRT PLACE (city or town) plain (State or country) refully What test confirmed diagnosis? ant. MOTHER 15. MAIDEN NAME Accident, suicide, or homicide 16. BIRTHPLACE (city or town impor DEAT (State or country) Where did injury occur?. should OF 18. BURIAL, CREMATION Manner of injury WRITE CAUSE mation LION 24. Was disease or injury 19. UNDERTAKER (Address) S. No. If so, specify (Signed) Registrar. (Address)

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1953	July 5,1927	Peritonitis	3 days ago
BUREAU V.	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-1. PLACE OF DEATH Registration Dist. No. Magerstoun Ju (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? Length of residence in city or town where death occurred statement If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) assified 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6 certificate. 7. AGE Days If LESS than Months to have occurred on the data stated above, at I day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____ min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, CCUPATION RESERVED Dec 14 SAWYER, BDDKKEEPER, etc ... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc .... 1D. Date deceased last worked at on this occupation (month and that instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER See Name of operation 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important 23. If death was due to external causes (VIDLENCE) fill in also the following: DEATH in Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) (Stata or country 0 Where did injury occur?___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. OF (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury WRITE mation Nature of injury way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimoye, Requesting U. S. No. 1.

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy 261 S NVI	1 week ago
1921	Run over by street ear	1 wcek ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street ear  July5,1927 Peritonitis  Other contributory causes of importance: